



BOSTON  
PUBLIC  
LIBRARY



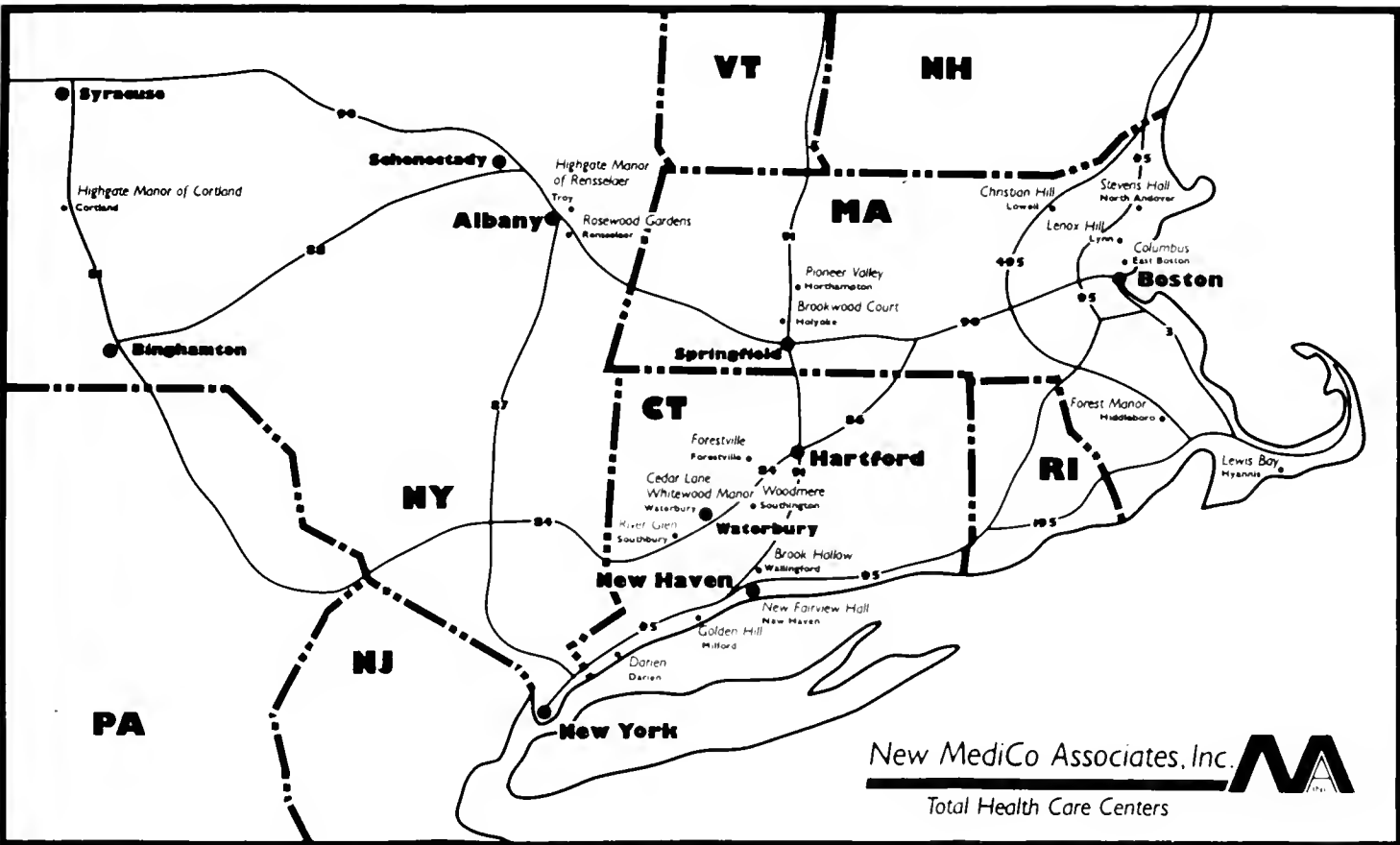




BRA

501

Property of  
BOSTON REDEVELOPMENT AUTHORITY  
Library



New MediCo Associates, Inc.  
Total Health Care Centers



BOSTON  
PUBLIC  
LIBRARY



Charlestown  
N-Y and  
32 N  
1985

Property of  
BOSTON REDEVELOPMENT AUTHORITY  
Library

PROPOSAL FOR THE RESTORATION OF  
BUILDING 62  
CHARLESTOWN NAVY YARD

---

33,850 net square feet  
of first class areas  
with improvements to  
adjacent public areas

---

100% REDEVELOPMENT

Development Team

|                       |   |
|-----------------------|---|
| Developers:           | Mr. Charles Brennick, Sr., Chairman<br>New Medico Associates, Inc.<br>Kendall Development Corporation<br>Mr. William Ezekiel, President |
| Design Architect:     | Stephen Blatt Architects  |
| Landscape Architects: | Keith French & Associates   |
| Construction:         | New Medico Associates, Inc.<br>Mr. Joseph Brennick and<br>Mr. Raymond Campbell, Supervisors   |
| Leasing Agent:        | Niles Company   |







# *New MediCo Associates, Inc.*

September 25, 1985

Boston Redevelopment Authority  
Boston City Hall  
Room 933  
One City Hall Square  
Boston, MA 02201

## Letter of Interest

Building #62  
Boston Naval Shipyard at Charlestown  
Charlestown, Massachusetts

Mr. Charles Brennick, Sr. Chairman of the Board of the New Medico Associates, Inc., 150 Lincoln Street, Boston is pleased to submit to the Boston Redevelopment Authority its plan for the rehabilitation of Building #62 in the Charlestown Navy Yard. This proposal is made in conjunction with the Kendall Development Corporation and its President, Mr. William Ezekiel. It is the proposal of Mr. Brennick and Kendall to restore this vacant building to a productive use whereby approximately 33,850 net square feet of first class office space will be created. In addition, Mr. Brennick, the Kendall Development Corporation and their architect Mr. Stephen Blatt are proposing a number of imaginative improvements to public areas between Buildings 60, 62 and 96, including a granite paved plaza. It is estimated that some one hundred eighty five permanent jobs will be created by the rehabilitation of Building 62. First preference in hiring will go to residents of the Charlestown community and the city of Boston, with the goal of sixty percent capture ratio set for both construction and permanent jobs. At the outset, allow us to provide some background information on the principal members of our development team.

Mr. Charles Brennick, Sr. of Rye Beach, New Hampshire, is the Chairman of the Board of New Medico Associates, Inc., one of the largest privately held nursing home and rest care center operators in the United States. Mr. Brennick has been involved in the field of nursing home and rest care facilities for the past thirty six years and today has amassed a personal net worth in excess of twenty seven million dollars. Over the past two decades, Mr. Brennick has been personally involved in the construction and development of some fifty care facilities, whose construction values total some sixty million dollars.



New Medico Associates, Inc. is today in a period of rapid growth and diversification. In addition to the company's current holdings of twenty nursing homes throughout New England and New York, New Medico is also moving into the area of care, rehabilitation and training for individuals who have suffered serious head injuries. Presently, New Medico operates such facilities in Arkansas, Connecticut, Massachusetts, Michigan and New Hampshire and New York. Beyond these existing facilities, New Medico also is in the process of developing new head injury centers in Louisiana, Pennsylvania and Michigan. Most recently, New Medico has also acquired and is in the process of renovating two mid-sized office buildings in Lynn, Massachusetts. As a reflection of New Medico's expansion, the firm is in need of additional space for its own operations and would, therefore, expect to participate as one of Building 62's principal tenants. New Medico operations can be expected to occupy both the second and third floors of the restored Building 62, with that upper "penthouse" area used to provide executive office suites. In order to provide adequate background information on New Medico, as well as giving a true representation of the scope of the firm's activities and rapid expansion, a number of prepared pieces have been included for the Boston Redevelopment Authority's consideration and review.

Mr. William Ezekiel, the President of the Kendall Development Corporation, was born and raised in Charlestown, thus lending a neighborhood component to the development team. In recent years, Mr. Ezekiel has participated in the restoration of a number of smaller buildings in the Charlestown and South End sections of the city. Based upon a strong working relationship between Mr. Ezekiel and Mr. Brennick, it was the decision of both men to prepare this development proposal jointly. To this proposal, Mr. Brennick brings his substantial financial capacity and construction experience, while Mr. Ezekiel brings his first hand knowledge of the Boston marketplace and, in particular, the needs of the Charlestown community. Mr. Ezekiel will also play a prominent role in providing assurances that hiring preference in both construction and permanent jobs will go to residents of Charlestown and the city of Boston.

The design architect for this project is the firm Stephen Blatt Architects of Portland, ME. A graduate of the Yale School of Architecture, Mr. Blatt has headed his own firm since 1977. As the principal of Stephen Blatt Architects, Mr. Blatt dictates the direction and specific sensitivities of the firm, retaining a deep commitment to architectural history founded in his undergraduate and graduate education at Yale University. For this reason, his imaginative design for the re-use of Building 62 in the Charlestown Navy Yard presents a great opportunity for Mr. Blatt. The resumes and professional experiences of Mr. Blatt and his associates are included in the proposal, as well as examples of the firm's prior projects in both the areas of historic rehabilitation and new construction.

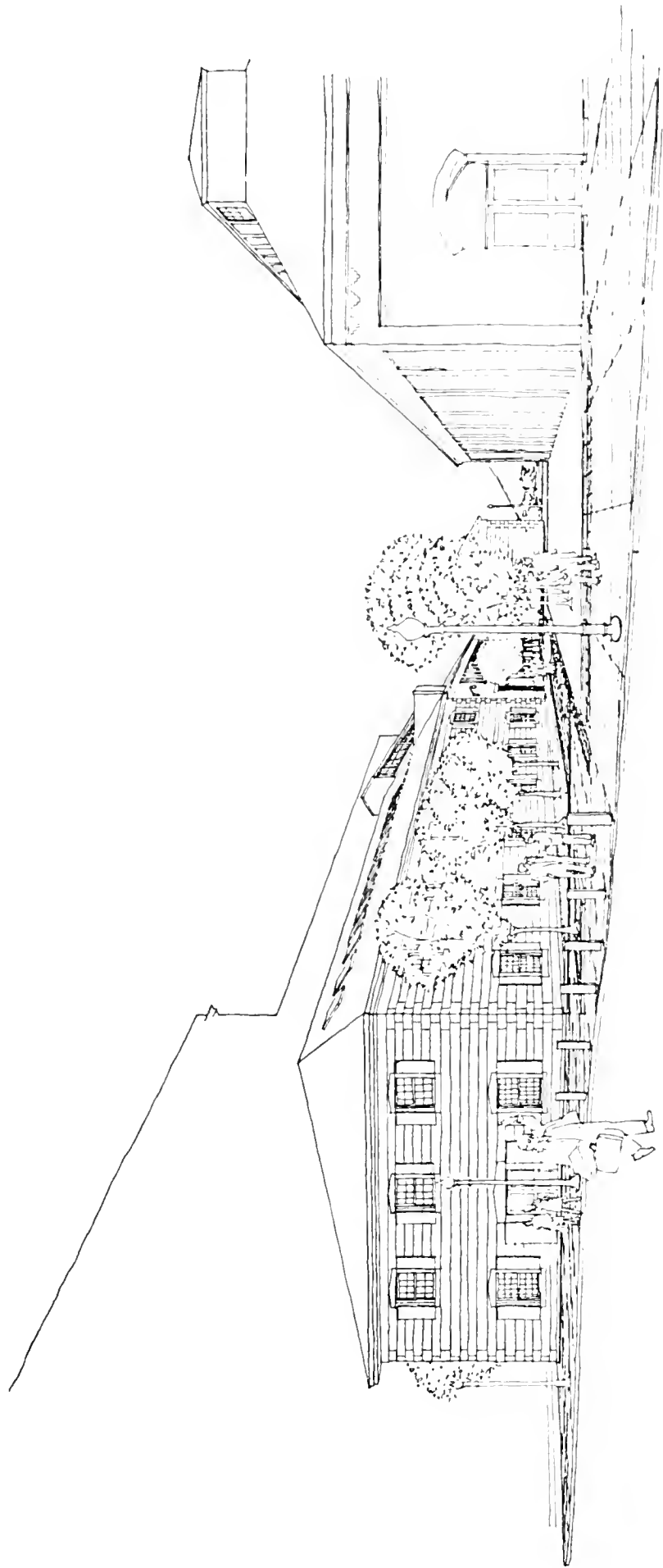
Landscape architectural services will be provided by the firm Keith French and Associates {KFA} of Portland, ME. An extensive listing of the firm's professional qualifications and relevant experiences are included as support for this proposal. Because of Building 62's critical location near both one of the primary access points to the Navy Yard and the Yard's only {to date} planned parking facility, the exterior treatment of the site and surrounding areas takes on an added importance. The work done by Stephen Blatt Architects and KFA recognizes these facts, and incorporates them into a thoughtful, effective design.

Serving as exclusive leasing agent for the remaining office space in Building 62 will be the Niles Company of Boston. Niles has been chosen because of their history of success in commercial leasing within the greater Boston marketplace.



As with all of Mr. Brennick's development projects, the actual restoration of Building 62 and improvements to surrounding common areas will be handled by the firm's construction division, under the supervision of Mr. Joseph Brennick and Mr. Raymond Campbell. Over the past two years, Mr. Brennick and Mr. Campbell have successfully carried out approximately \$10,000,000 in construction work as part of New Medico's expansion program. As the enclosed statement of Mr. Brennick's personal assets clearly point out, the funds necessary for the restoration of Building 62 are easily within his reach. Accordingly, Mr. Brennick will be relying upon his own financial capacity to finance the restoration of Building 62 and thus a letter of interest from a lending institution becomes unnecessary. Because of this demonstrated financial capacity of Mr. Brennick and the ability of New Medico to carry out construction on an internal basis along with New Medico's stated goal of continued expansion, it can be reported to the Boston Redevelopment Authority that improvements to both Building 62 and the surrounding public areas will commence almost immediately upon designation. Reflecting this is the further stated intention of Mr. Brennick and Kendall Development Corporation to approach all matters in the restoration of Building 62 on a "fast track" basis, with a goal of occupancy set for December, 1986.





Developed by  
Charles Brannick/Kendall Development Corp  
Constructed by  
New Medico Associates Inc  
Architects by  
Stephen Blatt Architects  
Landscape Architects by  
Keith French Associates

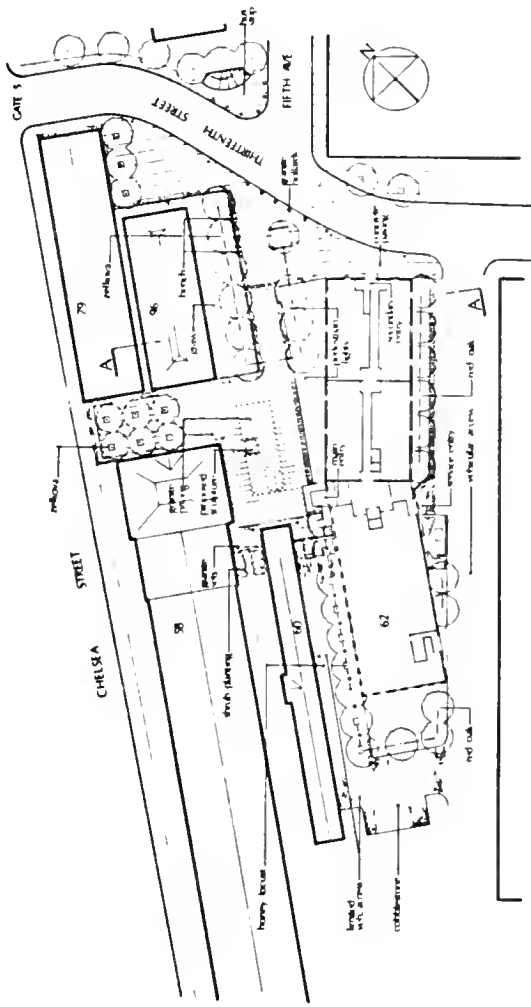
CHARLESTOWN NAVY YARD / BLDG  
BOSTON • MASSACHUSETTS / 62

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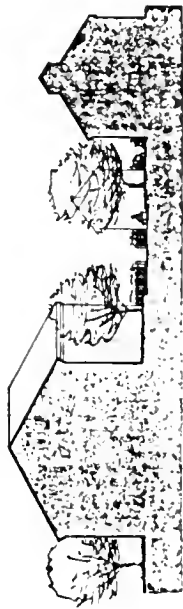
September 1985







SITE PLAN T-407



SECTION A-A T-207



WEST ELEVATION T-207

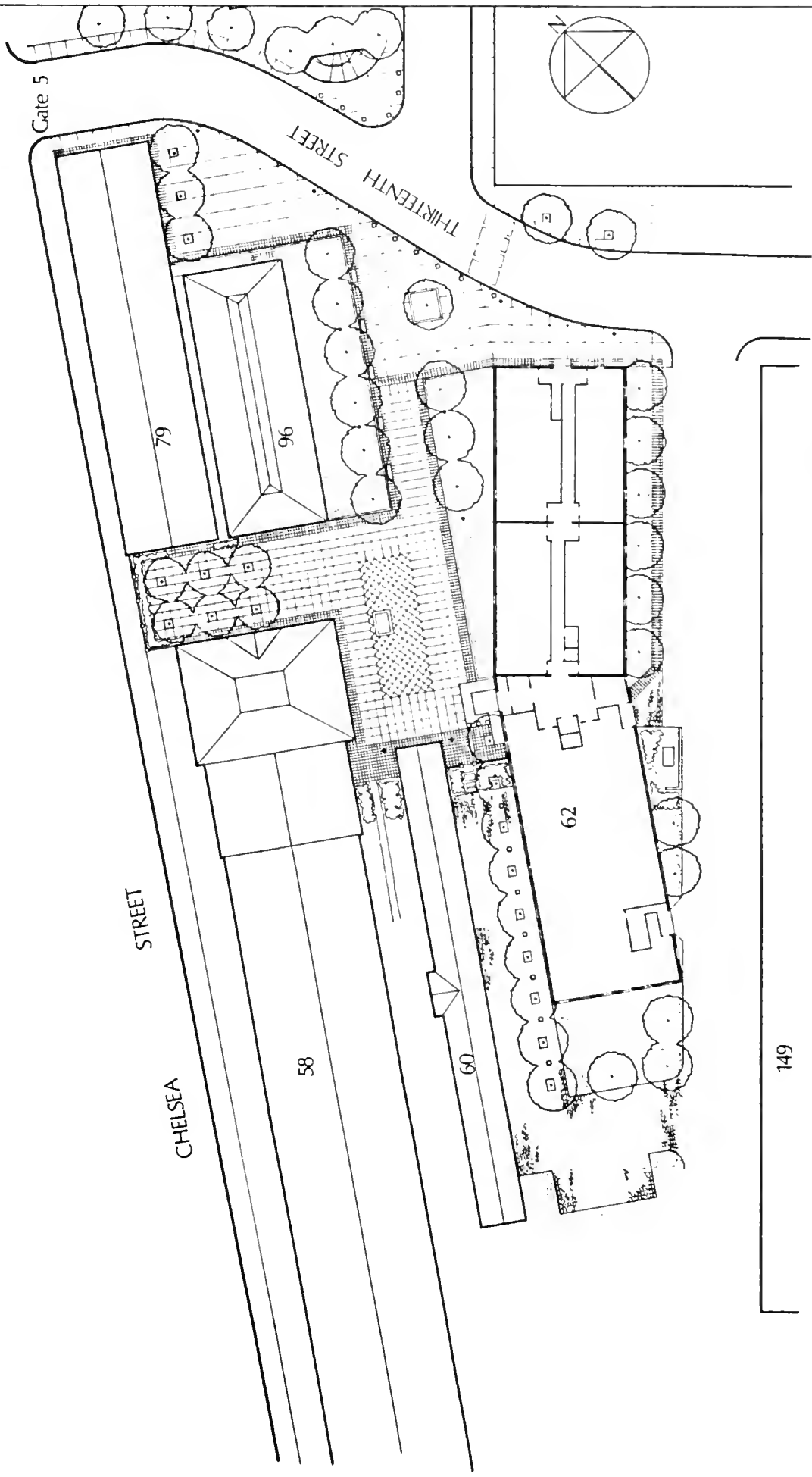
Prepared by  
 Charles Bremick/Kendall Development Corp  
 Client  
 New Medico Associates Inc  
 Architects  
 Stephen Blatt Architects  
 Landscape Architects  
 Keith French Associates

# CHARLESTOWN NAVY YARD / BLDG BOSTON ♦ MASSACHUSETTS / 62

2A

September 1985



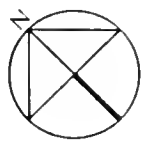
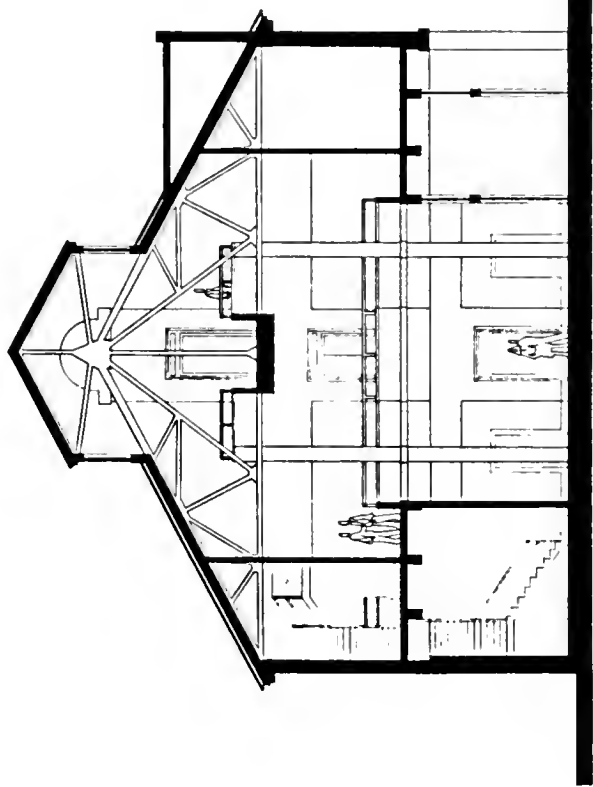


SITE PLAN  
1" = 20'-0"

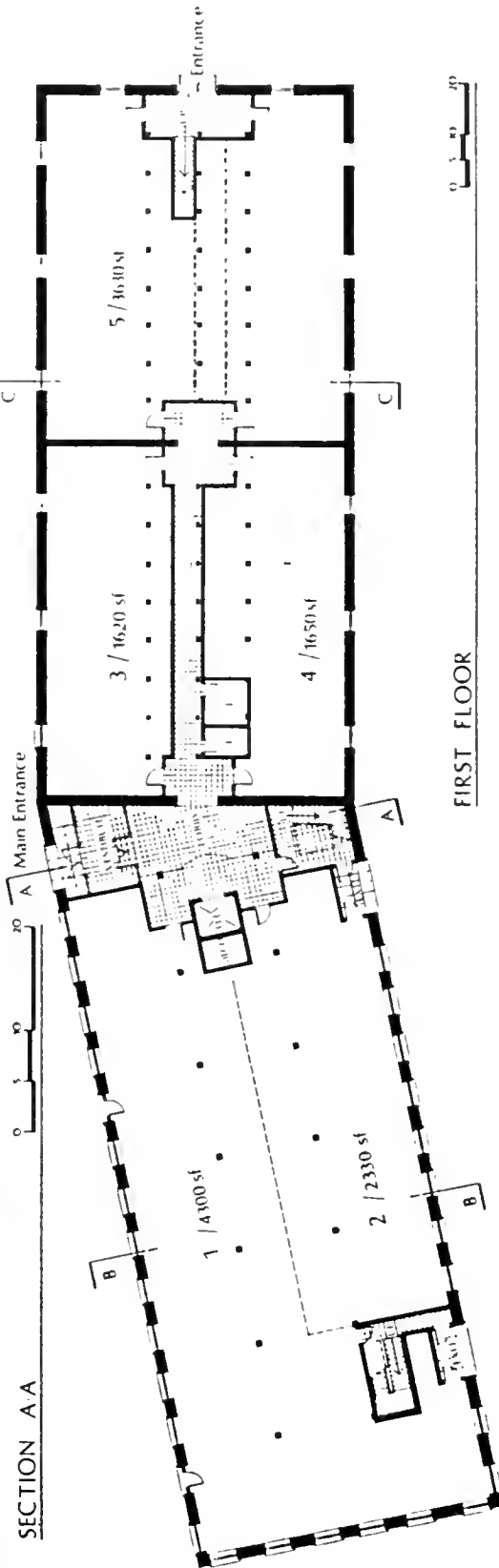
Designed by  
 Charles Brennick/Kendall Development Corp  
 Created for  
 New Medico Associates Inc  
 Drawn by  
 Stephen Blatt Architects  
 Layout and Section by  
 Keith French Associates

# CHARLESTOWN NAVY YARD / BLDG 62 BOSTON • MASSACHUSETTS





SECTION A-A

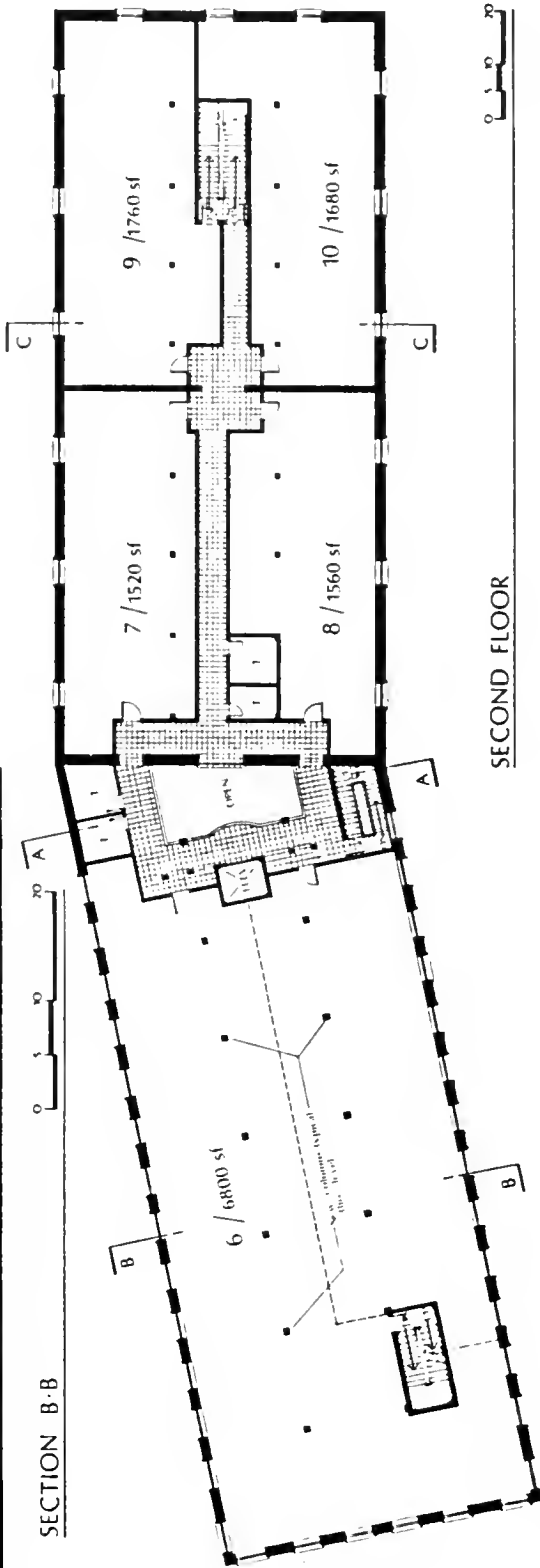
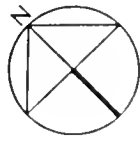
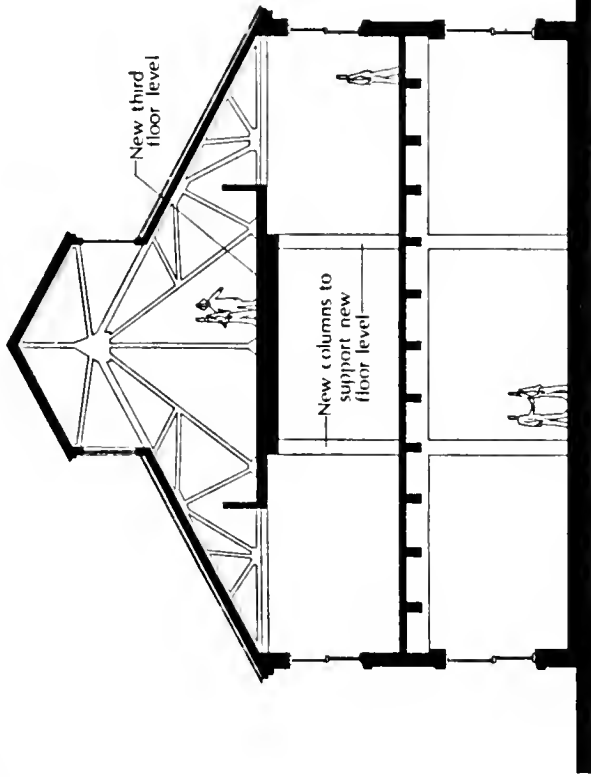


FIRST FLOOR

Preparer  
 Charles Beemuck/Kendall Development Corp  
 Designer  
 New Medico Associates Inc  
 Architect  
 Stephen Blatt Architects  
 Interior Architect  
 Keith French Associates

# CHARLESTOWN NAVY YARD / BLDG BOSTON • MASSACHUSETTS / 62





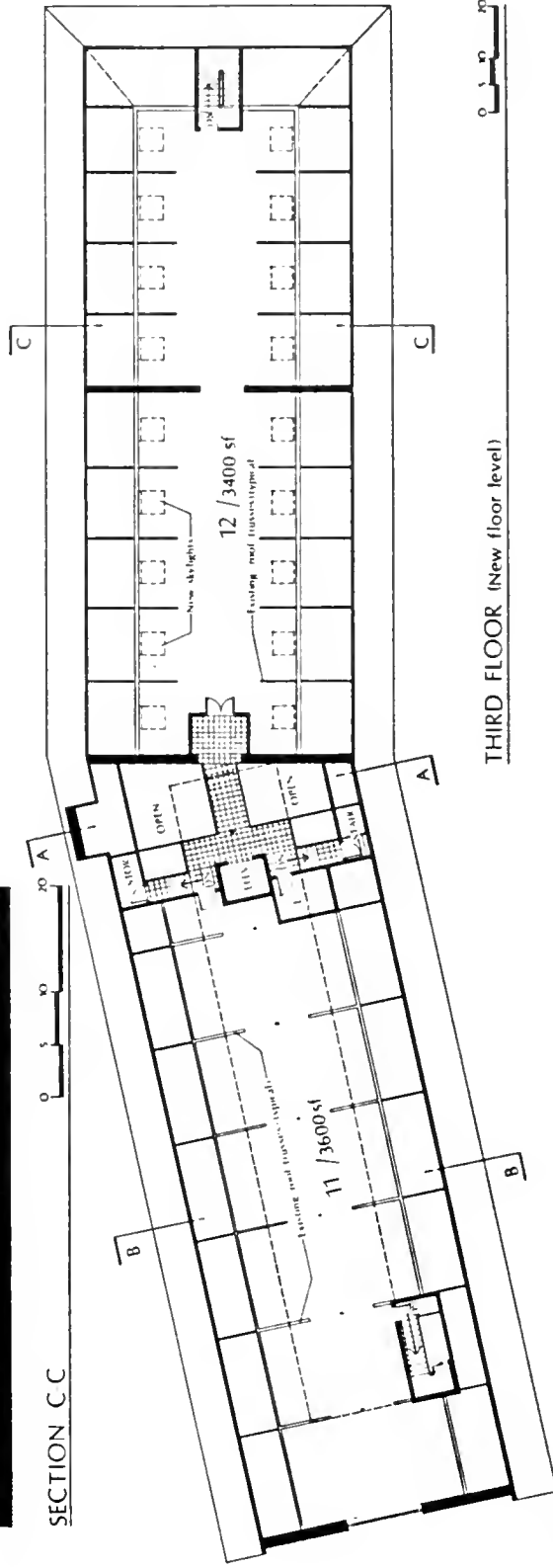
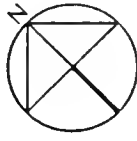
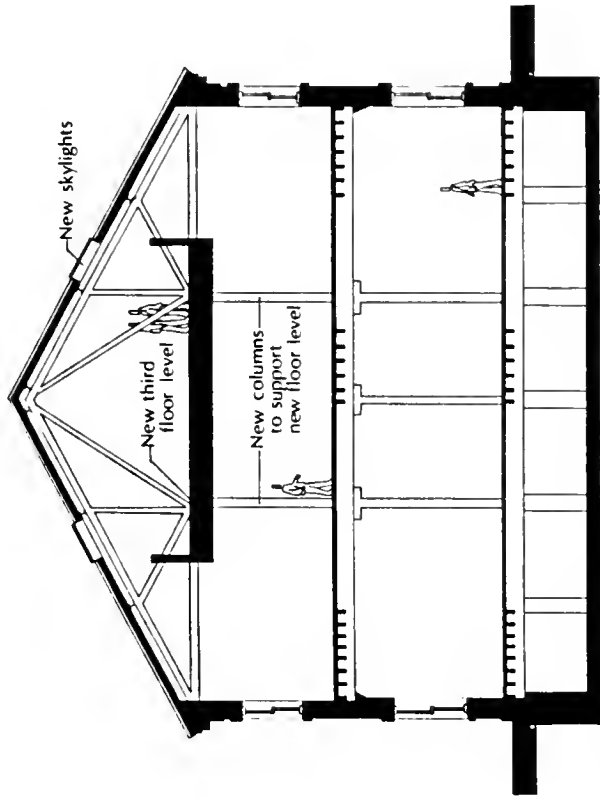
SECOND FLOOR

Drawn by  
 Charles Brennick/Kendall Development Corp  
 Checked by  
 New Medico Associates Inc  
 Architects  
 Stephen Blatt Architects  
 Interior Architects  
 Keith French Associates

# CHARLESTOWN NAVY YARD / BLDG BOSTON • MASSACHUSETTS / 62





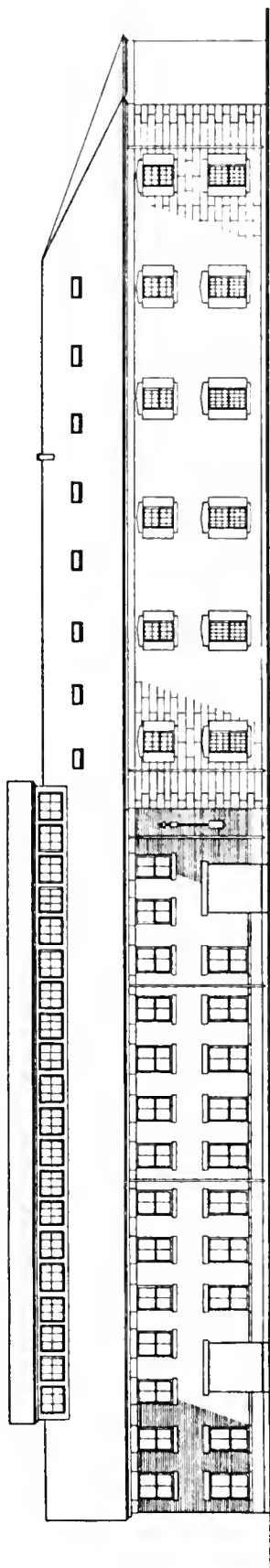


THIRD FLOOR (New floor level)

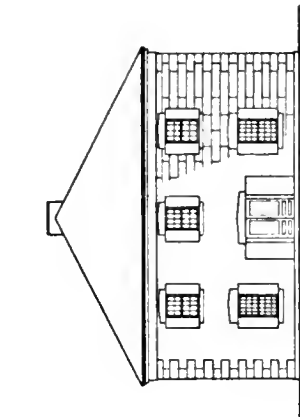
Developers:  
Charles Bremick/Kendall Development Corp  
Charles Bremick  
New Medico Associates Inc  
Architects:  
Stephen Blatt Architects  
Keith French Associates

CHARLESTOWN NAVY YARD / BLDG  
BOSTON • MASSACHUSETTS / 62

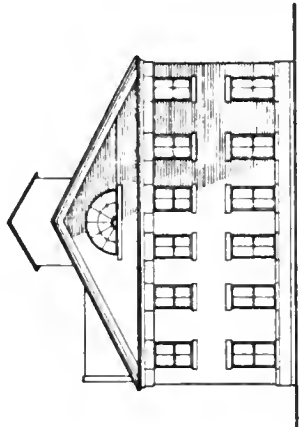




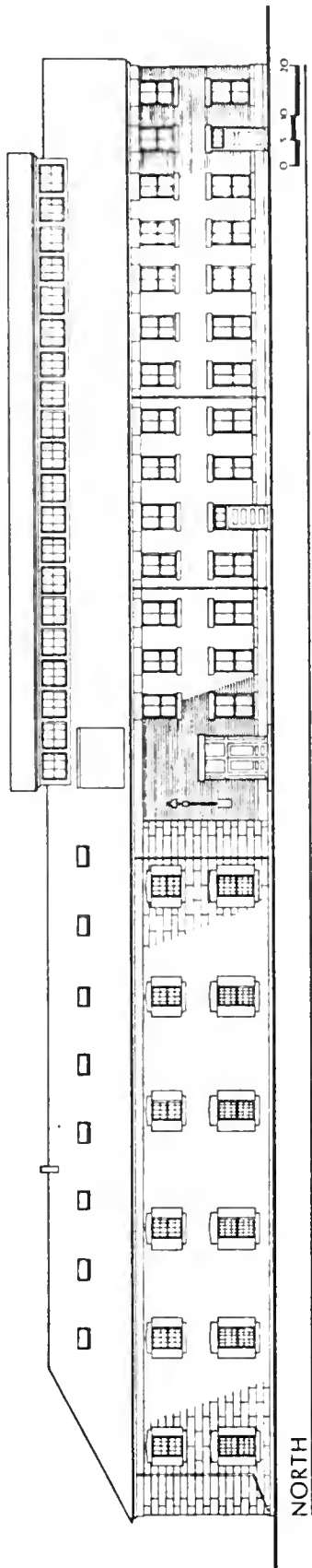
SOUTH



EAST



WEST



NORTH

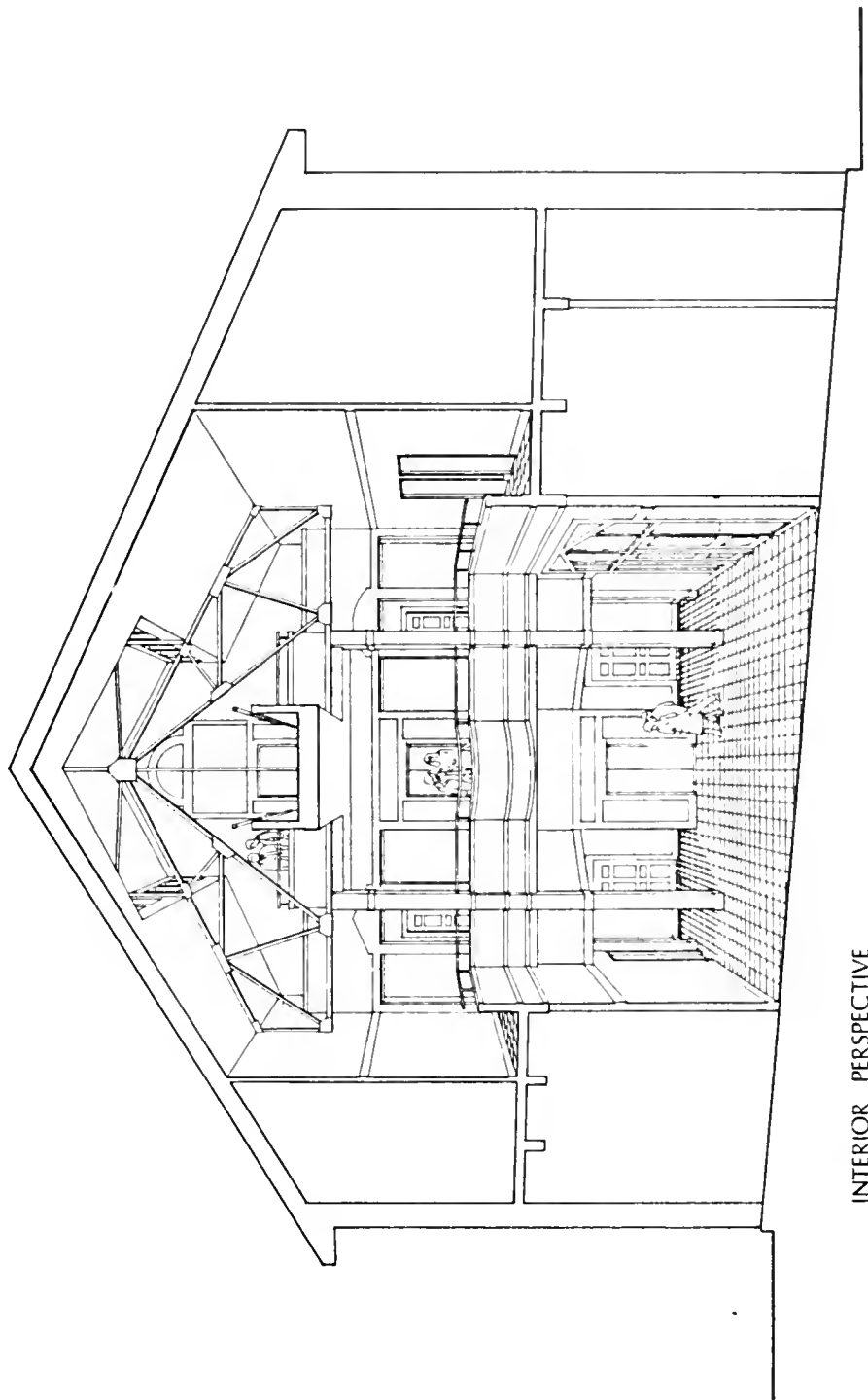
Design:  
 Charles Brenck/Kendall Development Corp  
 Construction:  
 New Medico Associates Inc  
 Architects:  
 Stephen Blatt Architects  
 Landscape Architects:  
 Keith French Associates

# CHARLESTOWN NAVY YARD / BLDG 62 BOSTON • MASSACHUSETTS

6

September 1985





INTERIOR PERSPECTIVE

Architects  
 Charles Bennett/Kendall Development Corp  
 Interior Design  
 New Medico Associates Inc  
 Architectural  
 Stephen Blatt Architects  
 Landscape Architecture  
 Keith French Associates

# CHARLESTOWN NAVY YARD / BLDG 62 BOSTON • MASSACHUSETTS



## ~~Building 62 and Surrounding Areas: A Narrative Treatment~~

It is the strong feeling of Mr. Brennick and Mr. Ezekiel, along with the other members of their development team, that Building 62 must play an important role in linking all of the historic buildings located in the Gate Five end of the Navy Yard. As called for in the Boston Redevelopment Authority's design and development guidelines, particular emphasis is placed upon Gate Five and its immediate adjacent areas. Due to the proximity of Building 62 to the Gate through which most vehicular traffic will enter the Navy Yard and its adjacency to the only commercial parking facility, the rejuvenation of Building 62 will form the initial impression of the overall Navy Yard project in the minds of many people. In response to this essential element of location, this proposal deals with the common areas between Buildings 60, 62, and 96 in a thorough and comprehensive manner. It is the intention of the development team that this proposal be evaluated in equal parts by our treatment of Building 62 and our willingness to take on responsibilities for the treatment of these common areas. By relying upon a well thought out plan for common area improvements, an interrelationship which is both distinctive and elegant can be established among those buildings in the Gate Five area.

The main axis of Building 62 bends at the midpoint of the structure, and in this way relates to Buildings 149, 199, 58, 60, 79 and 96. For this reason, it is the plan of the architect to create a distinct plaza area between Buildings 58, 60, 62, 79 and 96. Several premises are adopted in this treatment of Building 62 and its adjacent areas. First, by paying particular attention to visual axes one passes while entering the Navy Yard through Gate Five, "passenger drop off" areas are created on both sides of Thirteenth Street. One of these drop off points could serve as a bus stop (on the north side), while the other (to the northeast) is utilized as a pedestrian plaza welcoming people from Building 199, the parking facility. The result is a formal plaza area, formed by the facades of the surrounding buildings. This plaza would serve as the culmination of Flirtation Walk, the pedestrian walk which runs parallel to Chelsea Street for almost the length of the Navy Yard.

All paths leading to the plaza will be lined with mature trees. Benches and lanterns would also greet pedestrian travelers. In addition, grass "buffer zones" will be installed in several locations to remove major pedestrian activities from Building 62's office space. Although we have surrounded our focus towards Building 62 with a series of mature plantings and grass patio, along the site's southwest border, our design acknowledges that the southern alley between Buildings 62 and 149 will be used to provide vehicular and service access. As such, we seek to protect Building 62 with a buffer area of trees. The remaining north, south and west faces of Building 62 have been designed with a series of consciously interactive spaces between and among the buildings. Those service vehicles which must utilize the space between Building 62 face further limitations through the installation of a cobblestone drive, winding south to north between Buildings 60 and 62. This will have the result of allowing for vehicular service access, but along a route which is consciously of pedestrian scale. Accordingly, trees within this narrow alley will be of smaller scale than those located in other parts of our design area. This cobblestone path will culminate in the plaza area, as well as in the main entrance to our proposed Building 62 complex.





Pedestrians may approach the plaza from the north via the crosswalk from Building 199 or from a vehicular drop off point at the series of bollards proposed for the intersection of Thirteenth Street and Fifth Avenue. These bollards actually serve to define the triangular plaza. Surface areas of the plaza will be scored concrete paving material. As one moves down the alley towards the plaza, the paving material changes to granite of several different scales and axes. The site plan of the proposal illustrates the definition offered to the plaza by Buildings 62 and 96. It is further proposed that the courtyard between Buildings 58, 79 and 96 be planted according to a landscape scheme of tree lined alleys which serve as an effective buffer zone to the noise and activity of Chelsea Street and the Tobin Bridge.

As one also views the northern approach to the plaza, our proposal reflects several of the architect's intentions. First, we seek to introduce the entrance to Building 62 in a way which is both subtle but unmistakable. Further, we seek to focus upon the handsome scale along Building 60's northern side. The two paths leading westward from Building 60's north facade will be announced by the installation of lamps. The courtyard will have the effect of dignifying the facades of Buildings 58, 60, 62, 79 and 96. Finally, a sculpture piece in the midst of the plaza will afford a point of interest to pedestrians while maintaining clear pedestrian passageways. In total, the design concept complements the fairly low scale on the buildings in the area. The small scale of the building remains conducive to pedestrian use. It has remained our intention to present a design which offers a subtle scheme which responds to the scale and historical content of the buildings, rather than impose new, self conscious uses for the property.

The renovation and restoration scheme for Building 62 itself complies with design guidelines set forth by the Boston Redevelopment Authority. It is a design which is simple and straightforward in dealing with both the interior and exterior of the building. In creating 33,850 square feet of first class office space, we have designed a main entrance and lobby/elevator core at the building's mid-point juncture. This lobby extends along the shorter axis of the building. From the central lobby area, elevators and stairs lead to all three levels of the building. A stair tower and egress is situated near the vehicular/service road between Buildings 62 and 149. Likewise, stairs are located at each end of Building 62. Along the south side of Building 62, secondary egress is provided from the brick section of the structure. To the north at Thirteenth Street, a lobby is also situated. It is our expectation that this lobby on the north site of the building will serve as the prime entrance for only the tenant space on the ground floor.

Internally, the design concept calls for the creation of a central corridor space on the first two levels and two major loft spaces to be inserted within the existing truss work, creating a third level of space throughout the building. It is worth noting that as we eventually progress towards actual construction, this design remains flexible enough to provide for further subdivision. Through such a proposed utilization of space, the building's major structural system will not require modification. After numerous on-site inspections, we feel that it is possible to add this third floor loft by working within the existing truss system. The first two floors will require only minor structural modifications. In point of fact, the replacement of several beams will allow for the elimination of many of the first floor columns, providing for additional office space which will be both attractive and easily marketable.



The treatment of the building's exterior will also be treated with complete respect to BRA design and development guidelines. While the restoration of the exterior occurs, historic shutters will be fabricated. Original roofing materials will be repaired and replaced, as necessary. In order to provide rentable space on the third floor of the north wing, our development team feels it is necessary to insert skylights on both pitches of the roof. These skylights will be flush mounted and constructed of materials which will blend with the existing roofing slate.

In all cases, it is the intention of Mr. Brennick and Mr. Ezekiel, along with the other members of their development team, to conform fully with BRA design and development guidelines and to work closely with the Authority's professional staff to incorporate suggestions and necessary changes. Our design will provide a quiet, yet still very strong presence at this most prominent location in the Navy Yard.

#### **Additional information:**

##### **1} Breakdown by area/net rentable space**

|            |                                  |
|------------|----------------------------------|
| 1st floor: | 13,530 net square feet           |
| 2nd floor: | 13,320 net square feet           |
| 3rd floor: | <del>7,888</del> net square feet |
| Total:     | 33,850 net square feet           |

##### **2} ~~Parking~~**

It is anticipated that the full restoration of Building 62 will have the effect of adding approximately one hundred eighty five permanent jobs. Because of the heavy preference given to the hiring of local residents and utilization of the MBTA and car pooling, it is anticipated that a fully occupied Building 62 will require approximately fifty to sixty parking spaces during regular business hours. It is the expectation that upon designation, negotiations will commence with the BRA and the developers of Building 199 in an effort to secure these spaces under a long term arrangement.



## STEPHEN BLATT ARCHITECTS

424 Fore Street  
Portland, MA 04101  
(207) 761-5911

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Stephen Blatt Architects is a versatile, design-oriented firm with considerable expertise in the fields of health care, housing, and the renovation and rehabilitation of existing structures. Founded in 1976, and with offices in Portland and Lewiston, Maine, the firm has had extensive experience with publicly and privately funded projects, and is committed to sensitivity regarding the scale of its buildings within the context of the New England landscape.

The firm's in-house staff of ten has expertise in the fields of planning, interior design, and graphics, and offers complete professional architectural services to its clients. In addition, it has developed close working relationships with consultants in the fields of engineering (structural, mechanical, electrical), solar energy, landscape architecture, cost estimation, marketing, finance, and syndication. The firm has demonstrated its capability to participate on a responsive, responsible team in order to successfully complete its projects within strict scheduling and budgetary constraints, having demonstrated the capability to work effectively with construction budgets ranging from \$10,000 to \$10,000,000. The firm has shown a consistent commitment to buildings which work within their context, which are respectful of neighboring buildings, and which are beautiful both visually and functionally. Each project within the firm is assigned to a team which maintains constant involvement in the project throughout the process, from inception of program and design through the completion of construction documents, and the administration of the contract throughout construction. As principal, Mr. Blatt is involved in each project; in addition, a senior designer and several production staff provide the expertise to fulfill the needs of the project. The firm is committed to fine design, but ultimately, to the actual construction of its projects; therefore, intensive inspection, consultation, and administration during construction are specific objectives of this firm.

A partial portfolio and listing of the firm's most recent project are included as part of this proposal.



## STEPHEN J. BLATT, AIA

Stephen Blatt Architects  
424 Fore Street  
Portland, ME 04101  
(207) 761-5911

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- Education:**
- Bachelor of Arts, Yale College; 1968
  - Master of Architecture, Yale School of Architecture; 1972

### **Professional Experience:**

- Thirteen years of diversified work ranging from the restoration of historic residential row houses in Cambridge, MA to the design of specialized medical facilities throughout the country.
- Former planning consultant to Harvard University Planning Office.
- Worked with architectural offices in New Haven, CT; Cambridge, MA; and Houston, TX.

### **Teaching Experience:**

- Taught architecture and design at Bates College in Lewiston, ME.
- Lectured at various architectural schools.

### **Professional Affiliations:**

- Member, American Institute of Architects
- Member, National Trust for Historic Preservation
- Member, Advisory Panel of the Maine State Commission on the Arts and Humanities
- Registered architectural practice in Maine, Vermont and Arkansas
- Registration pending in Massachusetts, Texas, Louisiana, and New Hampshire

A partial portfolio and listing of the firm's most recent projects are included as part of this proposal.





ROBERT D. DELSANDRO, ASSOCIATE

Stephen Blatt Architects  
424 Fore Street  
Portland, ME 04101  
(207) 761-5911

---

**Education:**

- Bachelor of Science in Architectural Engineering, Roger Williams College, Bristol, RI

**Professional Background:**

- Associate, Stephen Blatt Architects, 1984-1985
- Design, client consultation, and production of presentation material and working drawings for the following projects:
  - Bridgeton {Me} Municipal Building
  - Falmouth {Me} County Club
- Five years experience as a designer and builder of post and beam and conventionally framed passive solar, energy efficient homes
- Numerous additions to historic residence in the Maine coastal area



RONALD J. RIOUX, SENIOR ASSOCIATE

Stephen Blatt Architects  
424 Fore Street  
Portland, ME 04101  
(207) 761-5911

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**Education:**

- Bachelor of Fine Arts, Massachusetts College of Art, Boston, MA

**Professional Background:**

- Senior Associate, Stephen Blatt Architects, 1977 - present
- Project Manager and Chief Designer for new construction:
  - Bridgeton {Ma} Health Care Facility, 70 bed nursing home
- L A T C Intermodal Transfer Facility bus terminal
- Auburn {Me} Commons 24 unit family housing complex

**Major Renovations:**

- Elmhurst Group Home
  - 8 unit group home
- Place Ste. Marie
  - 40 unit family housing complex
- The Engine House
  - Commercial complex

**Additional Expertise:**

- Cost analysis and estimating
- Code compliance and regulations
- Field supervision and inspections



424 Fore Street  
Portland, ME 04101  
(207) 761-5911

|   |  |                    |              |
|---|--|--------------------|--------------|
| • | PLACE STE. MARIE   | Lewiston, ME       | \$ 1,050,000 |
|   | 40 units of section 8 family housing;<br>National Historic Register                    |                    |              |
| • | THE ENGINE HOUSE   | Auburn, ME         | 300,000      |
|   | Commercial complex of shops and restaurants;<br>National Historic Register             |                    |              |
| • | CENTREVILLE PLAZA  | Lewiston, ME       | 725,000      |
|   | Ten office suites in former Social Services Building                                   |                    |              |
| • | ELMHURST RESIDENCE   | Bath, ME           | 200,000      |
|   | Eight-bed group home (HUD), former sea captain's house                                 |                    |              |
| • | 122-124 HANCOCK STREET   | Cambridge, MA      | 200,000      |
|   | Substantial rehabilitation of historic brick rowhouses<br>for residence and apartments |                    |              |
| • | HCI HEADQUARTERS   | South Portland, ME | 1,000,000    |
|   | Office and warehouse facility, new construction  |                    |              |
| • | KMD MEDICAL OFFICE<br>CONDOMINIUMS   | Waterville, ME     | 1,000,000    |
|   | Eight-office complex for physicians, new construction                                  |                    |              |
| • | LATC-INTERMODAL TRANSFER FACILITY  | Lewiston, ME       | 400,000      |
|   | Bus terminal for local and interstate bus service,<br>new construction                 |                    |              |



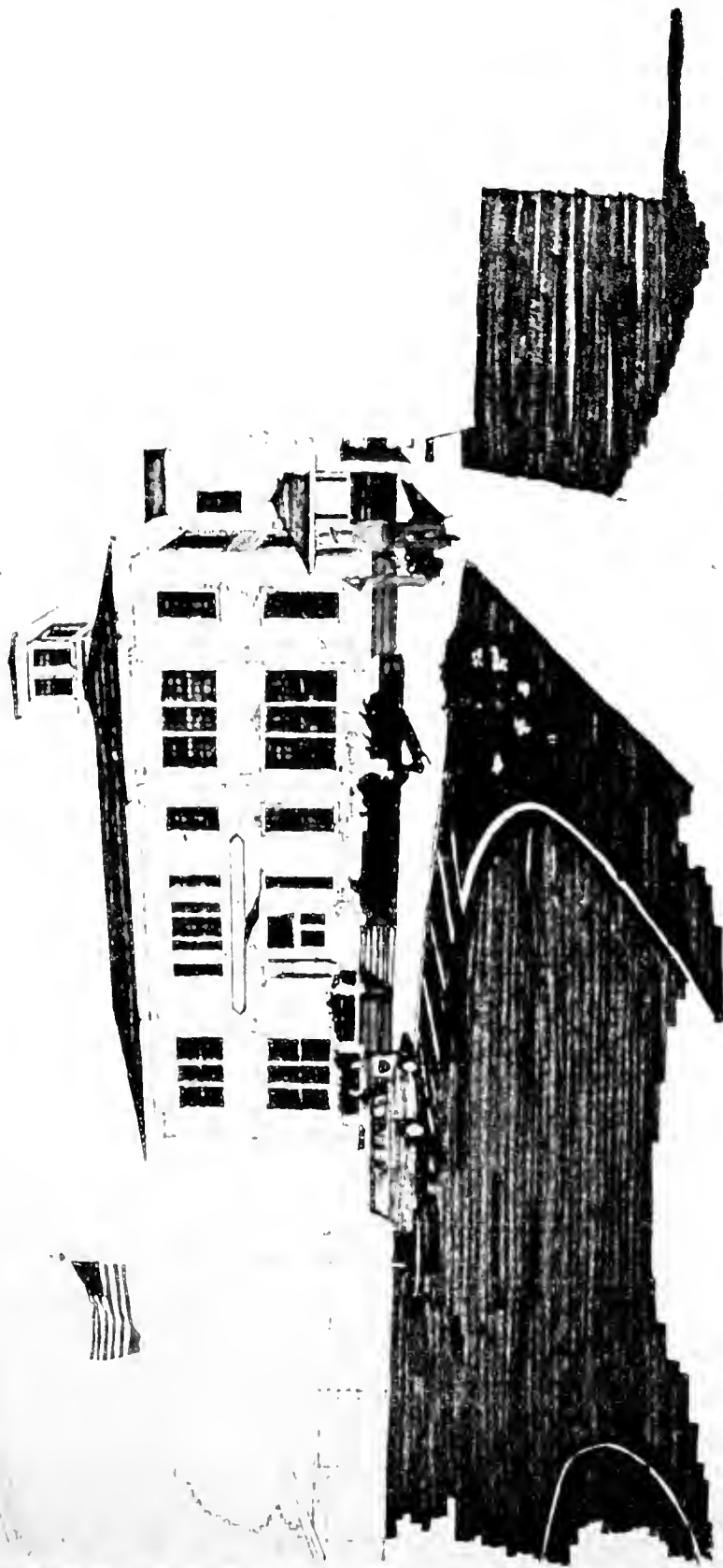


## PLACE STE. MARIE

40 APARTMENT FAMILY HOUSING PROJECT





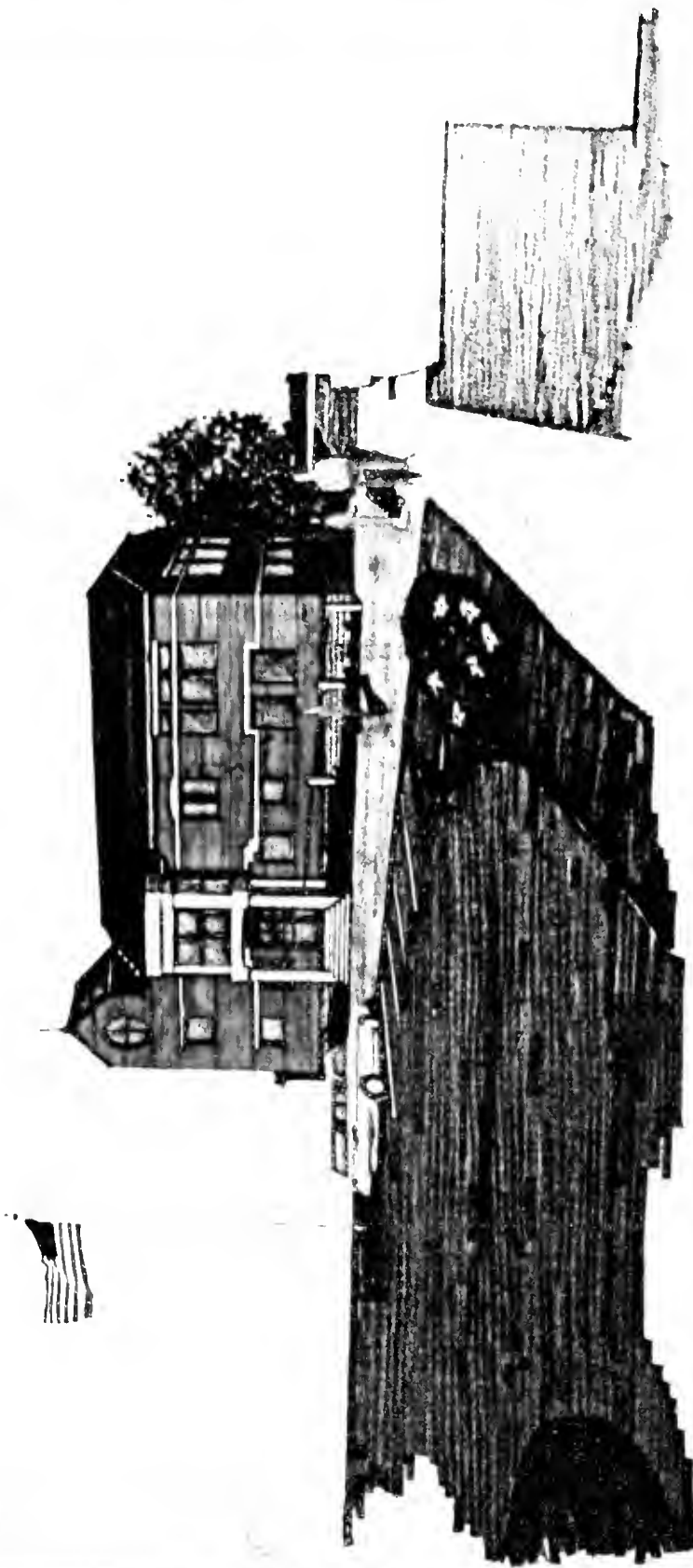


EXISTG BUILDING  
SCHEMATIC  
JUNE, 1985

BRIDGTON MUNICIPAL CENTER  
GIBBS AVENUE  
BRIDGTON - MAINE

JOHN M. LACROIX



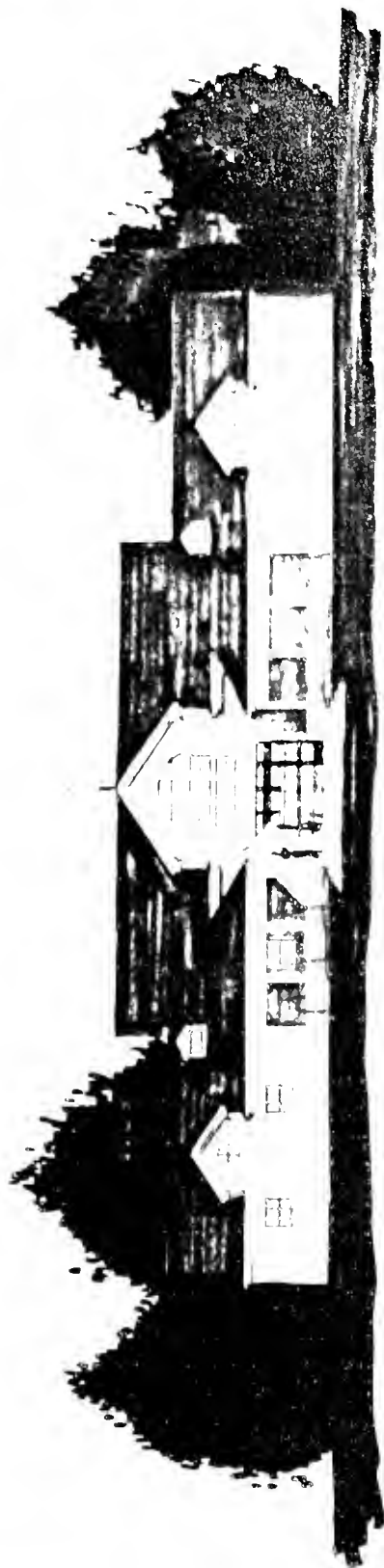


**BRIDGTON MUNICIPAL CENTER**  
6185 AVENUE BRIDGTON • MAINE

NEW BUILDING  
SCHEMATIC  
JUNE, 1985

STUDIO BARTLANDSON

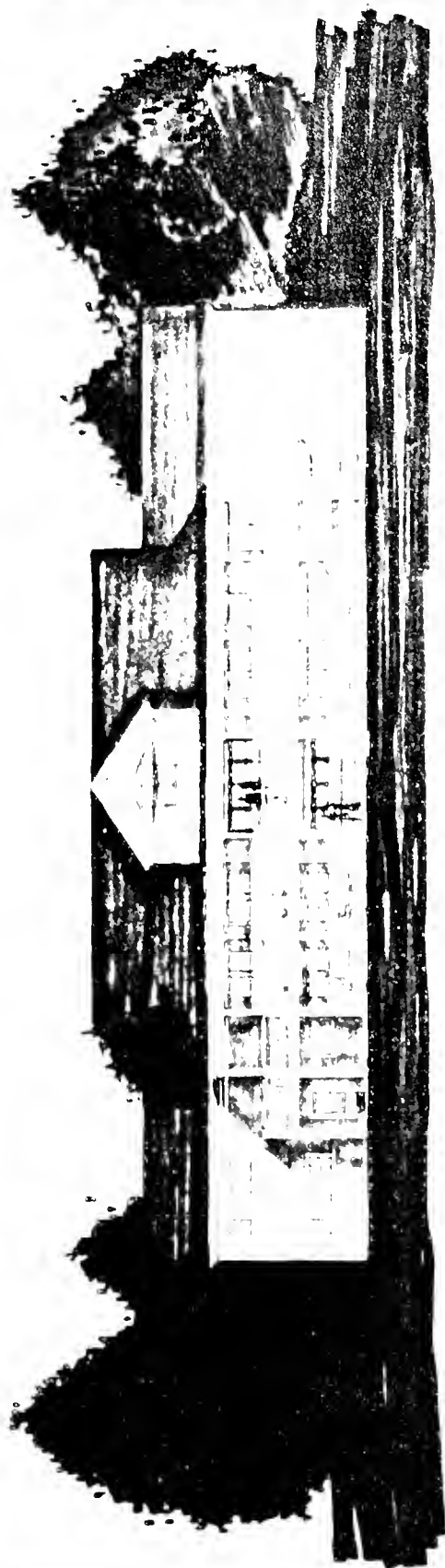




## FALMOUTH COUNTRY CLUB

Chester Associates, Incorporated  
 Architects  
 1000 Broadway, New York 10003  
 Telephone: MU 5-1111



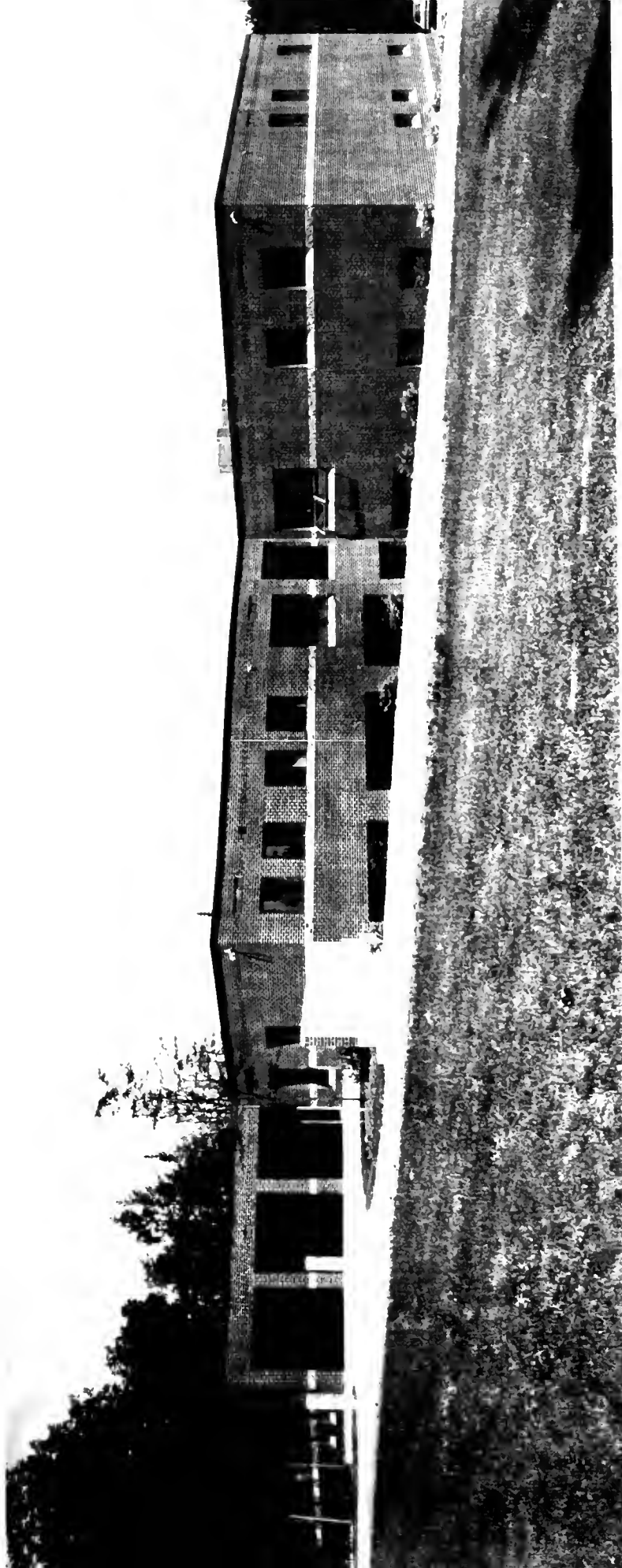


## FALMOUTH COUNTRY CLUB

2025 ASSOCIATES, 2025 CLUB  
 2025 ASSOCIATES, 2025 CLUB  
 2025 ASSOCIATES, 2025 CLUB







## **KMD MEDICAL OFFICE CONDOMINIUMS**

**8 OFFICE COMPLEX, WATERVILLE, ME**





## HCI CORPORATION

OFFICE/WAREHOUSE FACILITY, S. PORTLAND, ME



## KEITH FRENCH & ASSOCIATES

### FIRM HISTORY

**Keith French & Associates** (KFA) is a professional consulting firm providing landscape architectural services to a broad clientele which include government agencies, architectural firms, developers, industrial and commercial organizations and private individuals. The firm is capable of handling a wide range of project types including urban design, recreational and community planning, commercial and educational facilities and housing. While Maine is the primary service area, the firm has completed projects throughout New England.

The firm was established by Richard Berman in 1971 as a branch office of Moriece & Gary of Cambridge, Mass. The firm later became known as R.R. Berman Associates and then as Berman, French & Associates when Keith French became a partner in 1980. Mr. Berman left the firm in Spring 1985 and Mr. French became sole owner. Since its founding KFA has completed nearly four hundred projects involving all phases of land planning, site design and construction.

The services that Keith French & Associates emphasize are design excellence, thorough and complete construction documents, and personalized service. Each project is under the personal direction of either the principal or one of the associates of the firm who is assisted by experienced staff personnel skilled in that particular area of concern. In this manner, the client is assured the highest level of service. The success of Keith French & Associates has been documented by an extensive track record and several national design awards.



Mr. French has a varied and comprehensive background of experience from the west coast to Maine. He received his Landscape Architecture degree from the University of California at Berkeley in 1969. Following graduation, Mr. French joined the firm of Robert Babcock Associates of Berkeley. In 1970, he became associated with Shurcliff, Merrill and Footit of Boston. He later joined Carol R. Johnson Associates of Cambridge where he was a senior designer involved in a variety of projects, including the Master Plan for the Boston Common and Public Garden, Malden Government Center Mall, and Charlestown High School and Gymnasium.

Mr. French joined the firm of R.R. Berman Associates in 1979. The following year he became a partner of the firm (which became known as Berman, French & Associates). In this capacity his primary duties included project management, production, and office administration. In spring 1985, Richard Berman left the firm and Mr. French became sole owner.

In addition to his background in Landscape Architecture, Mr. French has had extensive experience in business management through the ownership of a retail store in Cambridge, MA and has authored a book, "Greater Boston Bike Guide", published in 1975.

He is presently involved with members of the Maine Nurserymen's Association in revising the standard planting and lawn specifications for landscape projects in Maine.

|               |   |
|---------------|---|
| EDUCATION:    | Bachelor of Landscape Architecture<br>University of California, Berkeley, 1969  |
| REGISTRATION: | Registered Landscape Architect in Maine<br>and Massachusetts  |
| MEMBERSHIPS:  | American Society of Landscape Architects<br>Maine Association of Planners<br>Maine Chapter, American Institute of Arch. |





Mr. Muench is an associate at Keith French & Associates with diversified experience in planning and landscape architecture. Mr. Muench's experience includes many projects for the United State Coast Guard in and around Boston, Massachusetts, as well as private development projects in Rhode Island and Maine. He also has experience at the municipal level, having worked with the City of Portland Engineering division and as a planner for the City of Bangor. Mr. Muench, while working for Eaton Tarbell and Associates in Bangor, contributed site design for many public and private projects, including those of residential, commercial and institutional character. Since joining KFA in 1979, Mr. Muench has been involved with all levels of design and production, particularly in the preparation of construction drawings as well as master planning for various Maine communities, including Rockland, New Auburn, Presque Isle and Livermore Falls. He currently is production manager for the firm.

EDUCATION: Bachelor of Fine Arts in Landscape Architecture  
Rhode Island School of Design, 1969

Bachelor of Landscape Architecture  
Rhode Island School of Design, 1970

REGISTRATION: Maine Registered Landscape Architect



DOUGLAS A. LAMSON

ASSOCIATE

Mr. Lamson's background in landscape architecture and land planning varies from detailed residential design to office park master planning. As an associate at Keith French & Associates, he has served as a Project Manager on several projects including the Augusta Waterfront Park and the Village Master Plan for Bridgton. Prior to joining this firm, Mr. Lamson was Project Manager for Jake Frankhouser and Associates, Landscape Architects of Denver, Colorado. While in Denver, Mr. Lamson assisted in the design and production of construction documents for several large-scale residences, office buildings and open space recreation areas. He also managed the master planning of Greenwood South Metropolitan District, a large-scale office park development ten miles south of Denver. Mr. Lamson was a Landscape Designer for Carl A. Worthington Partnership of Boulder, Colorado prior to working in Denver. Mr. Lamson is a native of New England and spent two years as a retail manager for Barber Brothers Florists and Garden Center of Natick, Massachusetts.

EDUCATION:

Bachelor of Science in Environmental Design  
University of Massachusetts, 1976

Bachelor of Landscape Architecture  
University of Idaho, 1981

REGISTRATION:

Maine Registered Landscape Architect



## KEITH FRENCH & ASSOCIATES

### URBAN DESIGN EXPERIENCE

Note: The projects listed below have been completed by this firm under the names of R. R. Berman Associates, Berman, French & Associates, BFA Associates, and Keith French & Associates (KFA).

#### Rockland Center, Rockland, Maine 1980-81

The work in Rockland was comprehensive in nature, taking the design process from initial concept through construction documents and technical specifications. The overall planning completed by KFA involved several blocks of Main Street, as well as a new urban park, the town landing and a full service marina. Engineering drawings for the park and Main Street improvements were prepared by the engineering firm of A. L & H under KFA's direction and construction was completed in the summer of 1982.

Contact: Mr. Harold Parks  
City Manager  
Rockland, Maine

#### Presque Isle Downtown, Presque Isle, Maine 1981-85

KFA developed a Master Plan for the revitalization of the entire Central Business District of Presque Isle. The plan incorporated improved traffic patterns, more efficient parking areas, and many pedestrian amenities, such as widened sidewalks, tree plantings, and sitting areas. The plan also included development of a downtown shopping mall and a strong link between the Civic Center and the C.B.D. Construction of this three phase project began in 1983 and is scheduled for completion in 1986.

Contact: Mr. John Edgecomb  
Community Development Coordinator  
Presque Isle, Maine

#### Bangor Downtown, Bangor, Maine 1983-84

The City of Bangor is undertaking a major rehabilitation of its downtown to stimulate private investment and local business activity. KFA was hired to humanize the downtown environment through the design of a linear riverfront park in the Kenduskeag Plaza and streetscape improvements along Central and Main Streets. Implementation of the proposed designs began in 1984 and will be phased over several years.

Contact: Mr. John Lord  
Planning Director  
Bangor, Maine



Bridgton Village Master Plan, Bridgton, Maine 1984-85

Bridgton's commercial district, which stretches for over a half mile along busy Route 302, was the subject of this planning study. KFA was hired by the town to prepare a revitalization plan for the village in conjunction with major highway improvements by the state. The work included a market study, traffic study, physical master plan and building facade studies prepared by Stephen Blatt Architects. It is anticipated that final design work will get underway in 1986.

Contact: Mr. Philip Tarr  
Town Manager  
Bridgton, Maine

One City Center Plaza, Portland, Maine, 1984-85

This major urban space was designed to integrate an existing mall and plaza in the center of downtown Portland with a newly developed office-retail complex. KFA's design, which consists of a series of plazas on three levels, is presently under construction with completion scheduled for summer, 1986.

Contact: Mr. Marc Guimont  
City Engineer  
Portland, Maine





## KEITH FRENCH & ASSOCIATES

### WATERFRONT EXPERIENCE

Note: The projects listed below have been completed by this firm under the names of R. R. Berman Associates, Berman, French & Associates, BFA Associates, and Keith French & Associates (KFA).

#### Calais Waterfront, Calais, Maine 1979

KFA prepared a master plan for a vital area of Calais' downtown - the waterfront. The design includes a new marina, new commercial ventures, tour boats, recreational facilities, a major amphitheater, and pedestrian walkway links to the downtown. This project focused on ways in which the rejuvenation of the waterfront could serve as a catalyst in the upgrading of the commercial district.

#### Old Sample Shipyard, Boothbay Harbor, Maine 1980

The town of Boothbay Harbor, which had first option on the 6-acre Sample Shipyard property, hired KFA to prepare a Master Plan for this prime waterfront site to determine how it might best be used if the town were to buy it. After running through several economic feasibility scenarios, KFA developed a design which included a small park, boat repair shop, dock, boat ramp and associated parking.

#### Belfast Waterfront Master Plan, Belfast, Maine 1982-83

This project involved Master Planning of Belfast's derelict waterfront for the revitalization of this underutilized resource. The new design integrated existing uses (such as the railroad, boat repair shop, city wharf and a cannery) with new uses, both recreational and commercial.

Contact: David Maynard, Belfast City Manager

#### Augusta Waterfront Park, Augusta, Maine 1984-85

KFA recently completed a design for a new waterfront park on the Kennebec River behind Augusta's central business district. This project involved study of such issues as pedestrian and vehicular access, parking (part of which the new park will displace), bank stabilization, boat docking, and flooding. Construction got underway in the summer of 1985 and will be completed in 1986.

Contact: Rick Burnham, Augusta City Engineer  
Mary Letourneau, Community Development Director



## KEITH FRENCH & ASSOCIATES

### INSTITUTIONAL EXPERIENCE

Note: The projects listed below have been completed by this firm under the names of R. R. Berman Associates, Berman, French & Associates, BFA Associates, and Keith French & Associates (KFA).

#### Scarborough Center Study, Scarborough, Maine 1978

This project involved the study of alternative sites for a new municipal complex on a large parcel of town owned land in the Oak Hill area of Scarborough. Based on the study, a site was selected and KFA prepared a master plan for the entire parcel which included town offices, public safety headquarters, athletic facilities, integration of school functions, etc.

Contact: Mr. Carl Betterley, Scarborough Town Manager

#### Campus Center, Portland, Maine 1983-85

This project consisted of the development of a master plan to incorporate a new student union building into the University of Southern Maine campus. Also, as consultant to the architect, KFA prepared final site drawings and supervised construction of the site work surrounding the "campus center" building itself.

Contact: Mr. Joseph Papa, Director of Physical Facilities, U.S.M.

#### Augusta Administrative Center, Augusta, Maine 1985

KFA was recently hired as landscape architectural subcontractor to develop plans for the proposed administrative center in Augusta overlooking Fort Western and the Kennebec River. The project will go to referendum this fall and hopefully will undergo final design and construction in 1986.

Contact: Mr. Rick Burnham, Augusta City Engineer

#### Scarborough Town Center Complex, Scarborough, Maine 1985

As subcontractor to the architect, KFA is preparing the plans for site development surrounding the proposed town center complex, based on the Scarborough Center Master Plan mentioned above. This project must be approved by referendum this fall before final design and construction can get underway.

Contact: Mr. Carl Betterley, Scarborough Town Manager







BUILDING 62

Operating Pro Forma  
{Estimates in 1987 Dollars}  
{Where applicable use 6% annual inflation factor}

|   | <del>Year 1</del> | <del>Year 2</del> | <del>Year 3</del> |
|---|-------------------|-------------------|-------------------|
| Commercial Income                                 |                   |                   |                   |
| Office {33,850 NSF @ \$25.00/NSF}                 | \$ 846,250        | \$ 846,250        | \$ 846,250        |
| Potential Gross Income                            | \$ 846,250        | \$ 846,250        | \$ 846,250        |
| Vacancy {H 10% Year 1}<br>{H 5% Subsequent years} | {\$ 84,625}       | {\$ 42,300}       | {\$ 42,300}       |
| Effective Gross Income                            | \$ 761,625        | \$ 803,950        | \$ 803,950        |
| Operating Expenses                                |                   |                   |                   |
| Office {\$5.00/NSF}                               | {\$ 169,250}      | {\$ 169,250}      | {\$ 169,250}      |
| Real Estate Taxes                                 |                   |                   |                   |
| Office {\$3.00/NSF}                               | {\$ 101,550}      | {\$ 101,550}      | {\$ 101,550}      |
| BRA Base Rent                                     | {\$ 27,080}       | {\$ 27,080}       | {\$ 27,080}       |
| .70 Base  |                   |                   |                   |
| .05 Common Areas                                  |                   |                   |                   |
| .05 Security                                      |                   |                   |                   |
| Net Income Available for Debt                     | \$ 472,280        | \$ 515,280        | \$ 515,280        |
| Debt Service {13% on \$3,546,962 for 25 years}    | {\$ 480,000}      | {\$ 480,000}      | {\$ 480,000}      |
| Cash Flow   | {\$ 7,720}        | {\$ 35,280}       | {\$ 35,280}       |
| <hr/>   |                   |                   |                   |
| Equity Participation {if applicable}              |                   |                   |                   |
| {Amount and % of Total Development Cost}          |                   | \$ 510,000        | 12.5%             |





# BUILDING 62

## Development Pro Forma {Estimates in 1985 Dollars}

### Total Gross Square Footage

|                         |        |
|-------------------------|--------|
| Office                  | 42,000 |
| Retail                  |        |
| Other {please specify}  |        |
| Parking {if applicable} |        |

### Total Net Square Footage

|                |        |
|----------------|--------|
| Office         | 33,850 |
| First Floor    | 13,530 |
| Second Floor   | 13,320 |
| Total Existing | 26,850 |
| Third Floor    | 7,000  |

### Construction Costs

|   |             |
|---|-------------|
| Rehabilitation { $\$50.00/GSF$ }        | \$2,100,000 |
| New Construction { $\$70.00/GSF$ }      | 490,000     |
| Parking { $\$$ —/space}                 |             |
| Site Improvements { $\$14.00/L$ and SF} | 544,600     |
| {38,900 s.f.}                           |             |
| Other                                   |             |
| Total                                   |             |

### Related Costs

|   |            |
|---|------------|
| Architect/Engineering                           | \$ 100,000 |
| Marketing/Brokerage                             | 80,000     |
| Developer Fees                                  | 250,000    |
| Miscellaneous Fees {Legal, Acctg. Ins., Title}  | 80,000     |
| Construction Loan Interest                      | 197,442    |
| {6 mos. @ 12% with 50% drawdown on \$3,546,962} | .          |
| Financing Fees                                  | 6,020      |
| BRA Base Rent {35}                              |            |
| {Construction period of 6 months}               |            |
| Other Related Costs                             |            |
| Consultants                                     | 25,000     |
| Tax   | 10,000     |
| Historical                                      |            |

### Charlestown Neighborhood Contribution {50}

\$ 17,200

### Total

\$3,900,262

### Contingency {5% of \$3,134,000}

\$ 156,700

### Total Development Cost

\$4,056,962



PLEASE NOTE: THERE IS NO PAGE 4.

PART I

HUD-8004  
(9-69)

REDEVELOPER'S STATEMENT FOR PUBLIC DISCLOSURE<sup>1</sup>

A. REDEVELOPER AND LAND

1. a. Name of Redeveloper:

Building 62 Limited Partnership

b. Address and ZIP Code of Redeveloper:

150 Lincoln Street, Boston, MA 02111

c. IRS Number of Redeveloper:

2. The land on which the Redeveloper proposes to enter into a contract for, or understanding with respect to: the purchase or lease of land from

Boston Redevelopment Authority

*(Name of Local Public Agency)*

in Charlestown Urban Renewal Area

*(Name of Urban Renewal or Redevelopment Project Area)*

in the City of Boston, State of Massachusetts

is described as follows<sup>2</sup>

Building 62, Charlestown Navy Yard

3. If the Redeveloper is not an individual doing business under his own name, the Redeveloper has the status indicated below and is organized or operating under the laws of Massachusetts

☐ A corporation.

☐ A nonprofit or charitable institution or corporation.

☒ A partnership known as Building 62 Limited Partnership

☐ A business association or a joint venture known as

☐ A Federal, State, or local government or instrumentality thereof.

☐ Other (explain)

4. If the Redeveloper is not an individual or a government agency or instrumentality, give date of organization to be organized

5. Names, addresses, title of position (if any), and nature and extent of the interest of the officers and principal member shareholders, and investors of the Redeveloper, other than a government agency or instrumentality, are set forth as follows:

<sup>1</sup>If space on this form is inadequate for any requested information, it should be furnished on an attached page which is referred to under the appropriate numbered item on the form.

<sup>2</sup>Any convenient means of describing the land, such as block and lot numbers or street boundaries, is sufficient. A description by metes and bounds or other technical description is acceptable, but not required.



- a. If the Redeveloper is a corporation, the officers, directors or trustees, and each stockholder owning more than 10% of any class of stock<sup>1</sup>
- b. If the Redeveloper is a nonprofit or charitable institution or corporation, the members who constitute the board of trustees or board of directors or similar governing body.
- c. If the Redeveloper is a partnership, each partner, whether a general or limited partner, and either the percent of interest or a description of the character and extent of interest.
- d. If the Redeveloper is a business association or a joint venture, each participant and either the percent of interest or a description of the character and extent of interest.
- e. If the Redeveloper is some other entity, the officers, the members of the governing body, and each person having an interest of more than 10%.

NAME, ADDRESS, AND ZIP CODE

POSITION TITLE (if any) AND PERCENT OF INTEREST OR  
DESCRIPTION OF CHARACTER AND EXTENT OF INTEREST

Charles Brennick  
80 Sea Road  
Rye Beach, NH 03871

General Partner

6. Name, address, and nature and extent of interest of each person or entity (not named in response to Item 5) who has a beneficial interest in any of the shareholders or investors named in response to Item 5 which gives such person or entity more than a computed 10% interest in the Redeveloper (for example, more than 20% of the stock in a corporation which holds 50% of the stock of the Redeveloper, or more than 50% of the stock in a corporation which holds 20% of the stock of the Redeveloper);

NAME, ADDRESS, AND ZIP CODE

DESCRIPTION OF CHARACTER AND EXTENT OF INTEREST

7. Names (if not given above) of officers and directors or trustees of any corporation or firm listed under Item 5 or Item 6 above:

## B. RESIDENTIAL REDEVELOPMENT OR REHABILITATION

(The Redeveloper is to furnish the following information, but only if land is to be redeveloped or rehabilitated in whole or in part for residential purposes.)

<sup>1</sup> If a corporation is required to file periodic reports with the Federal Securities and Exchange Commission under Section 13 of the Securities Exchange Act of 1934, so state under this item 5. In such case, the information referred to in this item 5 and in items 6 and 7 is not required to be furnished.



1. State the Redeveloper's estimates, exclusive of payment for the land, for:

- a. Total cost of any residential redevelopment. . . . . \$
- b. Cost per dwelling unit of any residential redevelopment. . . . . \$
- c. Total cost of any residential rehabilitation . . . . . \$
- d. Cost per dwelling unit of any residential rehabilitation . . . . . \$

N/A

2. a. State the Redeveloper's estimate of the average monthly rental (if to be rented) or average sale price (if to be sold) for each type and size of dwelling unit involved in such redevelopment or rehabilitation:

| TYPE AND SIZE OF DWELLING UNIT | ESTIMATED AVERAGE<br>MONTHLY RENTAL | ESTIMATED AVERAGE<br>SALE PRICE |
|--------------------------------|-------------------------------------|---------------------------------|
|                                | \$                                  | \$                              |

N/A

b. State the utilities and parking facilities, if any, included in the foregoing estimates of rentals:

N/A

c. State equipment, such as refrigerators, washing machines, air conditioners, if any, included in the foregoing estimates of sales prices:

### CERTIFICATION

I (we) Charles Brennick

certify that this Redeveloper's Statement for Public Disclosure is true and correct to the best of my (our) knowledge and belief.<sup>2</sup>

Dated: September 25, 1985

Dated: \_\_\_\_\_

Charles Brennick  
Signature

Signature

Chairman, New Medico Associates, Inc.

150 Lincoln Street, Boston, MA

Address and ZIP Code

Address and ZIP Code

<sup>1</sup> If the Redeveloper is an individual, this statement should be signed by such individual; if a partnership, by one of the partners; if a corporation or other entity, by one of its chief officers having knowledge of the facts required by this statement.

<sup>2</sup> Penalty for False Certification: Section 1001, Title 18, of the U.S. Code, provides a fine of not more than \$10,000 or imprisonment of not more than five years, or both, for knowingly and willfully making or using any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry in a matter within the jurisdiction of any Department of the United States.





PART II

HUD-5004  
(7-57)

REDEVELOPER'S STATEMENT OF QUALIFICATIONS AND FINANCIAL RESPONSIBILITY

(For Confidential Official Use of the Local Public Agency and the Department of Housing and Urban Development. Do Not Transmit to HUD Unless Requested or Item 3b is Answered "Yes.")

1. a. Name of Redeveloper:

b. Address and ZIP Code of Redeveloper:

2. The land on which the Redeveloper proposes to enter into a contract for, or understanding with respect to, the purchase or lease of land from

Boston Redevelopment Authority

(Name of Local Public Agency)

in Charlestown Urban Renewal Area

(Name of Urban Renewal or Redevelopment Project Area)

is in the City of Boston, State of Massachusetts,  
is described as follows:

Building 62, Charlestown Navy Yard

3. Is the Redeveloper a subsidiary of or affiliated with any other corporation or corporations or any other firm or firms? ☐ YES ☒ NO

If Yes, list each such corporation or firm by name and address, specify its relationship to the Redeveloper, and identify the officers and directors or trustees common to the Redeveloper and such other corporation or firm.

4. a. The financial condition of the Redeveloper, as of December 31, 1984, is as reflected in the attached financial statement.

(NOTE: Attach to this statement a certified financial statement showing the assets and the liabilities, including contingent liabilities, fully itemized in accordance with accepted accounting standards and based on a proper audit. If the date of the certified financial statement precedes the date of this submission by more than six months, also attach an interim balance sheet not more than 60 days old.)

b. Name and address of auditor or public accountant who performed the audit on which said financial statement is based:

O'Brien, Fitzgerald, Taylor & Keaveney

85 Central Street, Waltham, MA 02254

5. If funds for the development of the land are to be obtained from sources other than the Redeveloper's own funds, a statement of the Redeveloper's plan for financing the acquisition and development of the land:



6. Sources and amount of cash available to Redeveloper to meet equity requirements of the proposed undertaking.

a. In banks: See attached financial statements

NAME, ADDRESS, AND ZIP CODE OF BANK

AMOUNT  
\$

Bank of Boston  
100 Federal Street  
Boston, MA 02110

b. By loans from affiliated or associated corporations or firms:

NAME, ADDRESS, AND ZIP CODE OF SOURCE

AMOUNT  
\$

See attached financial statements

c. By sale of readily salable assets:

DESCRIPTION

MARKET VALUE  
\$

MORTGAGES OR LIENS  
\$

See attached financial statements

7. Names and addresses of bank references: Bank of Boston, 100 Federal Street, Boston, MA 02110; Guaranty-First Trust Company, 600 Main Street, Waltham, MA 02154

8. a. Has the Redeveloper or (if any) the parent corporation, or any subsidiary or affiliated corporation of the Redeveloper or said parent corporation, or any of the Redeveloper's officers or principal members, shareholders or investors, or other interested parties (as listed in the responses to Items 5, 6, and 7 of the Redeveloper's Statement for Public Disclosure and referred to herein as "principals of the Redeveloper") been adjudged bankrupt, either voluntary or involuntary, within the past 10 years? ☐ YES ☒ NO

If Yes, give date, place, and under what name.

(Medico Associates, Inc. and other businesses of Charles Brennick were reorganized pursuant to Chapter 11 proceeding in May, 1976, in Boston, Massachusetts).

b. Has the Redeveloper or anyone referred to above as "principals of the Redeveloper" been indicted for or convicted of any felony within the past 10 years? ☐ YES ☒ NO

If Yes, give for each case (1) date, (2) charge, (3) place, (4) Court, and (5) action taken. Attach any explanation deemed necessary.

9. a. Undertakings, comparable to the proposed redevelopment work, which have been completed by the Redeveloper or any of the principals of the Redeveloper, including identification and brief description of each project and date of completion:

Construction and development of approximately 50 nursing homes over past 20 years; total construction value in excess of \$60 million. 5 facilities currently in construction in Massachusetts, New Hampshire, and Arkansas, valued at \$2.7 million.



- b. If the Redeveloper or any of the principals of the Redeveloper has ever been an employee, in a supervisory capacity, for construction contractor or builder on undertakings comparable to the proposed redevelopment work, name of such employee, name and address of employer, title of position, and brief description of work:

10. Other federally aided urban renewal projects under Title I of the Housing Act of 1942, as amended, in which the Redeveloper or any of the principals of the Redeveloper is or has been the redeveloper, or a stockholder, officer, director or trustee, or partner of such a redeveloper:

N/A

11. If the Redeveloper or a parent corporation, a subsidiary, an affiliate, or a principal of the Redeveloper is to participate in the development of the land as a construction contractor or builder:

- a. Name and address of such contractor or builder:

New Medico Associates, Inc., 150 Lincoln Street, Boston, Massachusetts 02111, will be general contractor.

- b. Has such contractor or builder within the last 10 years ever failed to qualify as a responsible bidder, refused to enter into a contract after an award has been made, or failed to complete a construction or development contract? ☐ YES ☒ NO

If Yes, explain:

- c. Total amount of construction or development work performed by such contractor or builder during the last three years: \$ 10,000,000.00

General description of such work:

Construction, modernization and improvement of nursing homes and rehabilitation facilities.

- d. Construction contracts or developments now being performed by such contractor or builder:

| <u>IDENTIFICATION OF<br/>CONTRACT OR DEVELOPMENT</u> | <u>LOCATION</u>     | <u>AMOUNT</u> | <u>DATE TO BE<br/>COMPLETED</u> |
|--|---------------------|---------------|---------------------------------|
| Nursing home activity building                       | Hyannis, MA         | \$ 400,000    | 1985                            |
| Office building repairs                              | Lynn, MA            | 300,000       | 1985                            |
| Nursing home roads and building annex                | Ossipee, NH         | 400,000       | 1985                            |
| Dormitory and activity building                      | Boston:<br>Arkansas | 1,650,000     | 1985                            |



a. Outstanding construction-contract bids of such contractor or builder:

AWARDING AGENCY

AMOUNT  
\$

HUD-3004  
(7-77)

DATE OPENED

12. Brief statement respecting equipment, experience, financial capacity, and other resources available to such contractor or builder for the performance of the work involved in the redevelopment of the land, specifying particularly the qualifications of the personnel, the nature of the equipment, and the general experience of the contractor:

See attached

13. a. Does any member of the governing body of the Local Public Agency to which the accompanying bid or proposal is being made or any officer or employee of the Local Public Agency who exercises any functions or responsibilities in connection with the carrying out of the project under which the land covered by the Redeveloper's proposal is being made available, have any direct or indirect personal interest in the Redeveloper or in the redevelopment or rehabilitation of the property upon the basis of such proposal? ☐ YES ☒ NO

If Yes, explain.

- b. Does any member of the governing body of the locality in which the Urban Renewal Area is situated or any other public official of the locality, who exercises any functions or responsibilities in the review or approval of the carrying out of the project under which the land covered by the Redeveloper's proposal is being made available, have any direct or indirect personal interest in the Redeveloper or in the redevelopment or rehabilitation of the property upon the basis of such proposal? ☐ YES ☒ NO

If Yes, explain.

14. Statements and other evidence of the Redeveloper's qualifications and financial responsibility (other than the financial statement referred to in item 4a) are attached hereto and hereby made a part hereof as follows:

See attached statements

#### CERTIFICATION

I (We): Charles Brennick

certify that this Redeveloper's Statement of Qualifications and Financial Responsibility and the attached evidence of the Redeveloper's qualifications and financial responsibility, including financial statements, are true and correct to the best of my (our) knowledge and belief.<sup>2</sup>

Dated: September 25, 1985

Charles Brennick  
Signature

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address and ZIP Code

\_\_\_\_\_  
Address and ZIP Code

<sup>1</sup> If the Redeveloper is a corporation, this statement should be signed by the President and Secretary of the corporation; if an individual, by such individual; if a partnership, by one of the partners; if an entity not having a president and secretary, by one of its chief officers having knowledge of the financial status and qualifications of the Redeveloper.

<sup>2</sup> Penalty for False Certification: Section 1001, Title 18, of the U.S. Code, provides a fine of not more than \$10,000 or imprisonment of not more than five years, or both, for knowingly and willfully making or using any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry in a matter within the jurisdiction of any Department.





**Attachment:**

**Part II, Question 12**

Over the past twenty years, Mr. Charles Brennick and New Medico Associates, Inc. have participated in the construction of some fifty care facilities, whose construction values total approximately \$60,000,000.00. Currently, New Medico has construction projects totalling \$2,700,000.00 now in progress, with other projects costing \$6,800,000 scheduled for 1985-1986. All of these projects are carried out under the direct supervision of New Medico's construction division. Mr. Brennick has a personal net worth in excess of \$27,000,000.00, while New Medico Associates, Inc. possesses total assets in excess of \$53,000,000.00. By relaying upon both corporate and personal assets and the firm's proven construction capacity, Mr. Brennick and New Medico possess the ability and experience necessary for the restoration of Building 62.



Current New Medico Associates'  
Care Facilities

Connecticut

Brook Hollow Health Care Center  
Wallingford

Cedar Lane Nursing Home  
Waterbury

Darien Convalescent Center  
Darien

Forestville Nursing Center  
Forestville

Golden Hill Nursing Home  
Milford

New Fairview Hall Convalescent Home  
New Haven

River Glen Continuing Care Center  
Southbury

Whitewood Manor Nursing Home  
Waterbury

Woodmere Health Care Center  
Southington

Massachusetts

Brookwood Court Nursing Home  
Holyoke

Christian Hill Nursing Home  
Lowell

Columbus Nursing Home  
East Boston

Forest Manor Long Term Care Facility  
Middleboro

Lenox Hill Nursing and Rehabilitative Care  
Facility  
Lynn

Lewis Bay Convalescent Home  
Hyannis

Pioneer Valley Nursing Home  
Northampton

Stevens Hall Long Term Care Facility  
North Andover

New York

Highgate Manor of Cortland  
Cortland

Highgate Manor of Rensselaer  
Troy

Rosewood Gardens Health Related Facility  
Rensselaer



Current New Medico Associates'  
Head Injury Treatment Facilities

Arkansas

Timber Ridge Ranch  
Benton

Michigan

Community Re-Entry Services Of Michigan  
Battle Creek

Connecticut

Woodmere Head Injury Recovery Center  
Southington

Golden Hill Head Injury Community  
Re-Entry Program  
Milford

Forestville Head Injury Center  
Forestville

New Hampshire

Highwatch Center, Inc.  
Center Ossipee

New York

The Head Injury Center at Highgate  
Troy

The Neurologic Center at Cortland  
Cortland

Massachusetts

The Head Injury Center at Lewis Bay  
Hyannis

The Head Injury Center at Pioneer Valley  
Northampton

The Neurologic Center at Forest Manor  
Middleboro

Lenox Hill Rehabilitative Care Facility  
Lynn

Community Re-Entry Services, Inc.  
Lynn

South Bay Community Re-Entry Service  
Hyannis

TBI at Columbus  
East Boston



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CHARLES BRENNICK, SR.

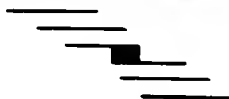
PERSONAL STATEMENT OF ASSETS AND LIABILITIES

DECEMBER 31, 1984

**O'BRIEN. FITZGERALD. TAYLOR & KEAVENEY**

CERTIFIED PUBLIC ACCOUNTANTS

BOSTON - WALTHAM - HYANNIS - FALMOUTH





CHARLES BRENNICK, SR.

PERSONAL STATEMENT OF ASSETS AND LIABILITIES

DECEMBER 31, 1984



O'BRIEN, FITZGERALD, TAYLOR & KEAVENEY

CERTIFIED PUBLIC ACCOUNTANTS

BOSTON · WALTHAM · HYANNIS

Accountant's Compilation Report

April 18, 1985

Charles Brennick, Sr.  
Rye Beach, New Hampshire

Gentlemen:

We have compiled the accompanying personal statement of assets and liabilities of Charles Brennick, Sr. as of December 31, 1984.

A compilation is limited to presenting in the form of a financial statement information that is the representation of the individual whose financial statement is presented. We have not audited or reviewed the accompanying financial statement and, accordingly, do not express an opinion or any other form of assurance on it.

Respectfully submitted,

*O'Brien, Fitzgerald, Taylor & Keaveney*  
CERTIFIED PUBLIC ACCOUNTANTS



PERSONAL STATEMENT OF ASSETS AND LIABILITIES

DECEMBER 31, 1984

ASSETS

|  |                     |
|--|---------------------|
| Cash on Hand   | \$ 150,000          |
| Loans Receivable:  |                     |
| Related Parties  | 1,013,720           |
| Other Personal Loans   | 31,641              |
| Notes Receivable:  |                     |
| Derby Convalescent Hospital, Inc. (Note 2)                     | 60,000              |
| Investment in Closely Held Corporations:                       |                     |
| New MediCo Holding Co., Inc. Estimated Value (Note 1)          | 28,193,370          |
| Community Re-Entry Services of Michigan, Inc. at Cost          | 200,000             |
| Community Re-Entry Services of Arkansas, Inc. at Cost          | 100,000             |
| Other Investments:   |                     |
| Marketable Securities At Cost                                  | 10,036              |
| Real Estate:   |                     |
| Rye Beach, New Hampshire at Cost (Note 3)                      | 275,517             |
| Port Orange, Florida at Cost (Note 3)                          | 75,121              |
| Leasehold Improvements at Cost                                 | 31,621              |
| Real Estate Deposits at Cost                                   | 164,359             |
| Household Furnishings and Personal Property at Estimated Value | <u>100,000</u>      |
| <u>Total Assets</u>  | <u>\$30,405,885</u> |

LIABILITIES

|  |                     |
|--|---------------------|
| Mortgages Payable:                       |                     |
| Rye Beach, New Hampshire (Note 3)        | \$ 192,255          |
| Port Orange, Florida (Note 3)            | 65,405              |
| Accounts Payable                         | 10,000              |
| Loans Payable:                           |                     |
| Gerard M. Martin                         | 1,538,000           |
| New MediCo Associates, Inc.              | 1,011,370           |
| Other Personal Loans                     | 333,500             |
| Taxes Payable                            | <u>none</u>         |
| <u>Total Liabilities</u>                 | <u>\$ 3,150,530</u> |
| <u>Excess of Assets Over Liabilities</u> | <u>\$27,255,355</u> |

SEE ACCOUNTANT'S COMPILATION REPORT

SEE NOTES TO STATEMENT OF ASSETS AND LIABILITIES





CHARLES BRENNICK, SR.

NOTES TO STATEMENT OF ASSETS AND LIABILITIES

DECEMBER 31, 1984

Note 1 - Net Assets of New MediCo Holding Co., Inc.

A summary statement of New MediCo Holding Co., Inc. at September 30, 1984, follows:

|  |                     |
|--|---------------------|
| Current Assets   | \$15,155,694        |
| Property, Plant and Equipment                          | 29,901,143          |
| Excess of Estimated Value over Book Value (Schedule I) | 48,519,359          |
| Other Assets   | <u>2,819,993</u>    |
| Total  | <u>\$96,396,189</u> |
| Current Liabilities                                    | \$14,804,193        |
| Non-Current Liabilities                                | 46,349,658          |
| Stockholders' Equity                                   | <u>35,242,338</u>   |
| Total  | <u>\$96,396,189</u> |

Charles Brennick, Sr. owns eighty (80) percent of the Capital Stock  
Eighty (80) percent of Stockholders' Equity of \$35,242,338 = \$28,193,870.

Note 2 - Note Receivable

Derby Convalescent Hospital, Inc., aggregating \$60,000, is represented by the following note:

Principal amount of \$60,000, dated February 2, 1983, due February 2, 1995,  
with interest at eight (8) percent per annum, \$ 60,000

This note is secured by an assignment of a mortgage receivable from National Health Affiliates, Inc. to Derby Convalescent Hospital, Inc. Charles Brennick, Sr. received this note as a liquidating distribution from Salem Management Corp. Interest payments are current.

Note 3 - Real Estate

Land and building in Rye Beach, New Hampshire acquired on October 1, 1982 as a liquidating distribution from Salem Management Corp. This property is subject to a first mortgage loan held by Piscataqua Savings Bank. Principal and interest at 15-3/4% payable in equal monthly installments of \$2,708. Payments are current.

SEE ACCOUNTANT'S COMPILATION REPORT



Note 3 - Real Estate (continued)

Land and building in Port Orange, Florida acquired on October 1, 1982 as a liquidating distribution from Salem Management Corp. This property is subject to a first mortgage loan held by Sunbank Mortgage Co. Principal and interest at 15- $\frac{1}{2}$ % payable in equal monthly installments of \$860.00. Payments are current.

Note 4 - Contingent Liabilities

Charles Brennick, Sr. has extended his personal guarantee on first mortgage loans secured by real estate or mortgage loans receivable secured by Real Estate.

SEE ACCOUNTANT'S COMPILATION REPORT



NEW MEDICO HOLDING CO., INC.NURSING HOME DIVISIONEXCESS OF ESTIMATED VALUE OVER BOOK VALUESEPTEMBER 30, 1984Computation of Estimated Value:

|                         |    |              |              |
|-------------------------|----|--------------|--------------|
| Estimated Value per Bed | \$ | 30,000       |              |
| Number of Beds          |    | <u>2,480</u> |              |
| Total Estimated Value   |    |              | \$74,400,000 |

Book Value of Property, Plant and Equipment:

|                   |                    |                  |                   |
|-------------------|--------------------|------------------|-------------------|
| Mass. Division    |                    | \$11,581,064     |                   |
| Conn. Division    | \$9,801,229        |                  |                   |
| *Tri-Vest Group   | ( <u>635,393</u> ) | 9,165,836        |                   |
| New York Division |                    | <u>5,133,741</u> |                   |
| Book Value        |                    |                  | <u>25,880,641</u> |

|  |  |                     |
|--|--|---------------------|
| <u>Excess of Estimated Value Over Book Value</u> |  | <u>\$48,519,359</u> |
|--|--|---------------------|

\*450 beds leased

SEE ACCOUNTANT'S COMPILATION REPORT





Agnes Collins in Graded Exercise Program at Cedar Lane is aided by Donna Boutot, Respiratory Therapist and Leslie Granitto, N.A., P.R.A.

## Pulmonary Care — Meeting the Long-Term Challenge

Forest Manor and Cedar Lane are two New MediCo facilities providing the complex services required by patients with pulmonary problems. Many patients make satisfactory initial recovery under the care of hospital intensive care units, but also need long-term rehabilitation. Care demands a multidisciplinary team approach including many specialists: respiratory therapists, medical staff, occupational, physical, and speech therapists. The environment must also support the psychological, emotional, and social health of the pulmonary patient. Extended intensive care hospitalization may carry with it serious psychological implications: loss of independence, family stresses and isolation, stimulus deprivation, as well as the stress of witnessing the frequent ICU emergencies. The challenge of long-term rehabilitation is to combine high technology and expert technique with a socially warm environment.

At Cedar Lane in Waterbury, Connecticut, Rogers Pylant, R.R.T., directs the pulmonary program. He is an adjunct faculty and advisory committee member at Quinnipiac College and an officer of the Connecticut Society for Respiratory Therapy. Medical services are provided by a chest physician, Dr. Dale Intihar, and consultants in specialties such as ENT, general and thoracic surgery. Program services include 24-hour certified and registered respiratory therapists, physical, occupational and speech therapists, recreation therapy and psychosocial services.

Advanced technology is a mainstay at Cedar Lane: the Collins Eagle for pulmonary function testing, an oxygen piping system, ear oximetry and the latest in bedside and portable ventilators. A Family and Patient Education program for potential transitional living encourages involvement in rehabilitation, rebuilding self-

Continued on p. 4

## Success Leads to Independence for Susann Haran and Greg Thompson

Each of the last seven years has seen many victories for courageous Susann Haran, but none as great as her latest—the ability to return to independent living after a catastrophic injury.

My mother tells me I wouldn't want to remember," Susann's amnesia spares her the reliving of the motorcycle accident that shattered her life and rendered her comatose for three months. She has no memory of emerging from that coma. Also hazily are memories of early efforts by the staffs of several acute-care facilities to correct the severe contractures of her arms and legs.

Continued on p. 4

Success



Susann Haran practices her exit from Lenox Hill.

Pulmonary



David Tyack and Donna Boutot hard at work with Incentive Spirometer at Cedar Lane

continued from p. 1

**Pulmonary** esteem and helping maintain patient motivation.

The general program director at **Forest Manor** in Middleboro, Massachusetts, is Sharon Bedwell, R.N.; technical direction comes from Alan Kemp, a certified therapist and ten year veteran of acute and chronic pulmonary programs. Around the clock services include: eleven experienced full and part time respiratory therapists; occupational, physical, speech and recreation therapists.

Trust, counseling and reassurances from staff are essential to overcome the great anxiety encountered by ventilator-dependent patients attempting independence. Three such patients have eliminated their dependency through the team efforts at **Forest Manor**.

Both program directors agree that the multidisciplinary approach helps reduce frequent re-hospitalization, produce more independence, improve family participation and confidence, and speed physical improvements. Restorative therapies such as graded exercises, resistive breathing, and incentive spirometry combined with a warm supportive approach toward patient and family, produce the best long-



Alan Kemp, Chief Respiratory Therapist at Forest Manor, monitors Louise Bartley's Aerosol Therapy

term results. Long-term care is an extension of the process begun by emergency services and ICU's. Acute care saves lives; long-term rehabilitation works to restore living.



Herbert Reid of Forest Manor receives Chest Physical Therapy from Stella Farquharson, Therapist



Mary Neal enjoys Activities at Forest Manor with help from Portable Oxygen Equipment

## New MediCo Runs Races

Paul Maloney from County Limerick Ireland ran away with the second annual New MediCo Roadrace in Seymour Conn., with a time of 20 minutes and seconds for the 7 kilometers on November. The Providence College student and Sue Baxter, winner in the women's division with a time of 22:45, each went away with a first prize cash prize and a T.V. This year's race, co-sponsored by the Derby Savings Bank and the Hewitt Hospital, benefits the Seymour Ambulance Association and the Seymour Police Benevolent Association.



Paul Maloney, Mike Zaccaro and Sue Baxter at Seymour Roadrace

Mike Zaccaro of New MediCo's Watertown office, organized the Seymour Roadrace. He also runs with New MediCo's Corporate Track Team, which had a stunning victory in The Manufacturers Hanover Corporate Challenge Race in N.Y. Susan Baxter, an employee at Cedar Lane, led the Team with a record time for the 3.5 mile course of 18:58. Lynn O'Neill of Cedar Lane and Tom Zaccaro rounded out the team.





*David Tyack and Donna Boutot hard at work with portable Spirometer at Cedar Lane*

Continued from p. 1

#### **Pulmonary**

team and helping maintain patient motivation.

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*Mary Neal enjoys Activities at Forest Manor with help from Portable Oxygen Equipment*

## **New MediCo Runs Races**

Paul Maloney from County Limerick, Ireland ran away with the second annual New MediCo Roadrace in Seymour, Conn., with a time of 20 minutes and 10 seconds for the 7 kilometers this November. The Providence College student and Sue Baxter, winner in the women's division with a time of 22:32, each went away with a first prize color T.V. This year's race, co-sponsored by the Derby Savings Bank and the Hewitt Hospital, benefits the Seymour Ambulance Association and the Seymour Police Benevolent Association.



*Paul Maloney, Mike Zaccaro and Sue Baxter at Seymour Roadrace*

Mike Zaccaro of New MediCo's Waterbury office, organized the Seymour race. He also runs with New MediCo's Corporate Track Team, which had a stunning victory in The Manufacturers Hanover Corporate Challenge Race in N.Y.C.. Susan Baxter, an employee at Cedar Lane led the Team with a record time for the 3.5 mile course of 18:58. Lynn O'Neill of Cedar Lane and Tom Zaccaro round out the team.



# Dr. Kaplan Advocates Interactive Approach at Lewis Bay



*Dr. Kaplan in discussion with John Bertera at Lewis Bay Head Injury Unit*

Dr. Edith Kaplan has joined New MediCo at Lewis Bay as a consultant in clinical neuropsychology. She is a pioneer in research and practice in neuropsychology—well known for her work on split brain phenomena and cerebral hemispheric specialization.

Dr. Kaplan advocates the multidisciplinary approach practiced at the Lewis Bay Head Injury Unit. "Only by communicating with all disciplines will the full potential for recovery be achieved. The various disciplines must speak to each other to understand where they are going and who the patient is."

"The valuable point about New MediCo is that the individual is being treated as an individual—their current strategies of

functioning are being exploited to the fullest rehabilitation potential—they are given choices, they are involved. This kind of focus is much different than a simply patient-management focus."

"The human organism is so complex, involving all specialties, that the highly interactive nature of the Lewis Bay team is the model of choice for rehabilitation."

# Brain Injury Consultant Dr. Berrol Joins New MediCo

There is an essential, provocative challenge at the heart of every human being's encounter with traumatic brain injury. Dr. Sheldon Berrol, Program Consultant to the Head Injury Center at Lewis Bay, emphasized the issue at the first annual Connecticut Traumatic Brain Injury Workshop. In his keynote address Dr. Berrol stressed that "An increase in the quality of life for victims requires improved quality in the delivery system of care and rehabilitation."

Dr. Berrol is uniquely qualified to help meet this challenge. A physician certified by the American Board of Physical Medicine and Rehabilitation, he is also a licensed pharmacist and a lecturer of international stature. For nearly thirty years, he has contributed not only to increasing the body of theory and technique, but also to deepening the awareness among professionals and concerned lay persons of the remarkable potential for progress.



*Lewis Bay Head Injury Team - Danese Malkmus, B.J. Baath, Mari Dayle with Administrator Michael Kelly*



*Dr. Berrol and Cannie O'Brien, O.T., Lewis Bay, enjoy a good laugh together*

As Chief of Rehabilitation Medicine at San Francisco General Hospital as well as Consultant to Lewis Bay, he is an important link between acute care given immediately post-injury and longer-term treatment. The Lewis Bay program's design under his direction extends to transitional living situations and personal independence. From investigating and advising on model programs for the Federal government to consulting on individual care plans, Dr. Berrol is active in assuring the effective delivery of complete rehabilitation services. His energetic influence has helped redefine for many patients the meaning of "quality of life."



◆ DINING SERVICE ◆

Elegant Ambiance Creates Healthy Appetites



*It's just desserts at Highgate Manor of Rensselaer*

New MediCo's fine Dining program has three goals: create a home-like decor, offer fine restaurant service, and improve nutrition. Tonino D'Aiutono, Dining Room Services Specialist for New MediCo, explains "Our residents deserve nothing but the finest service. Dining is an important part of their day and should be a time for enjoying the elegant atmosphere and good food while being served in a gracious manner." How successful has "elegant dining" been?

Tom Fox, Director of Dietary Operations for New MediCo's New York homes, says, "The residents are much more positive toward the selection of meals offered and seem to socialize more with table companions." Mr. Fox relates this change directly to the physical decor of fine table

linens, fresh flowers, beautiful china, the attractive presentation of dessert carts, and the personalized attention of the waiters and waitresses.

Residents are taking more care and concern for their personal appearance according to Greg Zucco, Administrator of Rosewood Gardens. He has noticed that women residents are dressing more formally for dinner. Mr. Zucco feels that the dining room setting, with comfortable chairs and complete waiter service "gives back a feeling of dignity and a sense of control over your life that can be lost when a chronic illness strikes. The women seem to especially enjoy the attention of the waiters. The dinner music creates an atmosphere of relaxation and warmth."



*A feast for sight and taste alike prepared by Rosewood's Chris Pfister*



*Claire Foresman is very pleased with Maitre'd O B Falance's attentive service*

Elegant dining is successful therapeutically as well as socially. Jane Doody, Diet Technician at Highgate Manor of Rensselaer, has found an increase in appetites and weight gains by underweight residents. The ability to choose from a menu increases the resident's desire to eat. The option to choose menu items to follow the physician's recommended diet adds dignity and responsibility. Residents respond positively to nutritional counseling.

There is still a great deal to be learned about the benefits of elegant dining. Tufts University has selected New MediCo for a study of the optimal nutrients required for health and well being in the elderly population. Caroline Darby, Project Manager, is surveying resident nutritional status at Columbus and Stevens Hall.



## Noteworthy Therapy – Columbus Uses Music in its Resocialization Program



*Ed Kearney, Lisa Marchand, Music Therapy Intern, and Quentin Fulmore make music at Columbus*

A sixty-two year old woman sits at the piano with her therapist for her very first lesson. But it is more than just a music lesson; it is part of her comprehensive therapy program. Music therapy is an integral part of the resocialization treatment program at Columbus in East Boston. The therapeutic effects of music touch many patient problems and complement the efforts of other departments. Music is a

**Patients who are severely depressed, withdrawn, physically disabled, or socially isolated may respond to music as part of individual therapy or in group settings.**



*Marilyn Barrie, resident drummer at Columbus*

channel of communication to express physical and emotional contact between therapist and patient and between patients and reality. Music offers an opportunity for success, achievement, praise, cooperation, and deep understanding.

Many residents who cannot easily respond to other kinds of treatment respond to the universal appeal of music. Patients who are severely depressed, withdrawn, physically disabled, or socially isolated may respond to music as part of individual therapy or in group settings.

Music therapy may be applied at all levels of functioning. It can be used at higher levels of functioning to stimulate intellectual and emotional understanding. Patients learn by writing their own songs, analyzing lyrics, or talking about emotional reactions to melody and harmony. Group can learn to cooperate using the rhythmic structure and controlled interaction of playing together toward a common melody. Physically handicapped patients find new motivation for physical and occupational therapy exercises, practicing motor control and respiratory development. Even very regressed patients or those with severe handicaps from stroke or accident respond to the fundamental appeal of rhythm and tempo. Success comes at all levels of performance.

At Columbus, Terry Halpern (expressive therapist) and Debbie Norton (occupational therapist) cooperate with program director and music therapist, Howard Sherman in maintaining music as a part of the therapeutic environment. Columbus is also an internship site approved by the American Association of Music Therapy (AAMT) where music therapy interns learn the role of music therapy in comprehensive treatment.



## New Nursing Stations Create

Rose Ward thinks that the new decor is a welcome change. The station doesn't look so business-like, it's more friendly.

**The special supportive care provided by highly skilled nurses enables residents to reach and maintain the most independent level of functioning.**

Visitors find the new nursing stations quieter and less institutional.

The new stations enable nurses to get

*J. Best, RN and C. Snowden, NA at work while M. Butler, RN consults with Josephine White at a Lewis Bay Nursing Station.*

## Home-Style Comfort

New MediCo has taken down a traditional barrier to resident-staff interaction.

Sterile, white, high counters—that's the usual image of a nursing station. New MediCo has taken down this traditional barrier to resident-staff interaction. A new atmosphere has been created in the resident suites at *Lewis Bay*, *Rosewood Gardens*, and *Highgate Manor of Rensselaer*. Warm carpeting, comfortable guest chairs, beautiful walnut desks and credenzas have replaced the impersonal, antiseptic look.

The change from a traditional nurses station to a "den-like" atmosphere is meant to enhance the idea of "home." Mary Butler, RN, Charge Nurse for a resident suite at Lewis Bay, feels that the new decor encourages better rapport with the resi-



*Highlight of Rensselaer's Nursing Station with K. Shelton, RN in discussion with Brittannin Agona, V. Drobnicki, LPN and C. Simons, RN in work.*

**A more intimate relationship between nurse and resident is possible.**

dents. She finds that the staff is more visible and accessible to visitors and residents who want to talk. Mrs. Butler says "It's an attractive, open, comfortable place to work; a more intimate relationship between nurse and resident is possible."

Resident Betty Leffingwell says "It's neat, prettier, nice, with easier access." Resident

closer to residents. A nursing home is a place to live, perhaps for many years. The special, supportive care provided by highly skilled nurses enables residents to reach and maintain the most independent level of functioning. Nursing care in this setting is more personal. Relationships with the residents develop over longer periods of time and become more intimate. Residents need to feel at ease; to look at the nurses as "partners" in care. Home-like surroundings create an atmosphere where this relationship flourishes.



# Evoked Potentials — Electronic Technology and Rehabilitation

By Maurice Rappaport, M.D., Ph.D.  
Consultant to New MediCo Associates, Inc.  
at Woodmere

New MediCo is moving towards a dynamic, comprehensive and scientifically based rehabilitation program to serve the needs of disabled individuals. Modern technology is being called upon in a number of ways to help in patient diagnosis and in the treatment and rehabilitation planning process. An aspect of modern technology currently being employed, is brain evoked potential (EP) testing.

## EP patterns can indicate where and how bad the damage is.

EP testing represents a marriage of modern electronics and computer technology. With the technology available, it is possible to stimulate an individual through his various senses and learn how well or how poorly his senses, his spinal cord and his brain are functioning. It can be used for patients of all ages and under all conditions from being awake to being in coma. The brain's response to stimulation is the key. In normal individuals, the brain responds in a typical way in terms of electrical signals generated by the brain when the body is stimulated through one of its senses. Atypical responses occur when the brain, the spinal cord, or the senses are damaged. EP patterns can indicate where and how bad the damage is. In trained hands EP patterns can be used to identify the extent and severity of damage to the central nervous system and also the extent of a patient's clinical disability.



Dr. Rappaport with Woodmere's Rehab Programs Manager Evelyn Janus, R.N.

It can also be used to help predict which patients are likely to benefit most from intensive rehabilitation therapy and who will show the most progress after years of rehabilitation effort.

EP testing is safe and causes no discomfort to the patient. When testing the ear-to-brain pathway, the patient wears earphones and hears a series of clicks for about three minutes. When his visual system is being tested, the patient is pre-

EP helps with the identification of sensory deficits. For example, one patient who received a severe head injury in a car accident showed little progress in an intensive rehabilitation program. EP testing showed he was virtually deaf in one ear and hard of hearing in the other. After rehab staff were made aware of this, he was fitted with a hearing aid. He then showed rapid and marked improvement in his clinical condition. The EP technique can also be used to fit a person with glasses, especially useful in helping a relatively non-communicative visually impaired person receive the best rehabilitation assistance.

Two women, both in coma, were admitted about the same time to a west coast rehabilitation facility after being in serious but separate motor vehicle accidents. The brain EP patterns of one looked terrible and were considered extremely abnormal. The EP patterns of the other, while not normal, nevertheless looked reasonably robust and were not too far from a normal configuration. The latter person showed a good recovery and returned to a near-normal functional state. The former, the one with poor brain EP patterns, remained in a near-comatose persistent vegetative state and showed little or no recovery years later, despite extensive rehabilitation efforts.

sented either with flashes of light or a checkerboard pattern where black and white squares keep reversing once or twice a second. Then there is a somatosensory evoked potential (SEP) test. Short pulses are presented to the wrist or foot or other parts of the body to learn if the sense of touch (and other related senses) are responding as they should. The use of all three sensory modalities (auditory, visual and somatosensory) yields useful information on how much of the brain is damaged.

## EP has the potential for promoting cost-effective rehabilitation efforts.

The EP technique is particularly useful in helping to assess the physical condition of victims of brain injury or stroke and other patients who are unable to cooperate adequately in their own examination. It can also be used to monitor progress in the recovery of brain and spinal cord function and to assess the effectiveness of rehabilitative efforts. It has the potential for promoting cost-effective rehabilitation efforts. For example, it can help select who should be admitted to an extensive and perhaps expensive rehabilitation program. It can be used to monitor progress so that efforts we make do not go beyond the optimal cost-benefit point. Also, it can provide assurance that patients are placed at the appropriate level of care. This is particularly important when a decision must be made to assign a patient to a lower level of care or, conversely, when there should be persistence in providing intensive rehabilitation efforts.



*...nice of Forestville and Judy Reynolds, Nurses Aide, pool at Hemlocks*

They say "Everybody needs a little time away." Residents and staff from three New MediCo facilities, **Woodmere**, **Darien** and **Forestville**, enjoyed overnight "getaways" at Hemlocks Outdoor Center in Amston, Conn. this fall. Carl Larsen, Director of the facility, established and maintained by the Easter Seal Society, welcomed the New MediCo visitors.

New MediCo homes were trail-blazers at Hemlocks several years ago, when residents from **Woodmere** and **Darien** were the first from any Connecticut convalescent home to visit overnight.

About 15 to 20 people comprised each group. "The ratio of staff to residents is usually 1 to 1," says **Darien's** Recreation Director, Reggie Toscano. "We're away from facility routines and have a chance



*Nurses Aide Carrie McCray gives Karen of Forestville a boost*

## Hemlocks Residents and Staff Vacation Together



*L.P.N. Ann Walsh gets a back rub from Adam of Forestville*



*Peter of Woodmere floats with Ann Fernandez's help*

to share activities with residents. We form relationships that carry over when we return home."

"The young people from our rehab group enjoy being with us in a 24-hour living situation," says **Forestville's** L.P.N. Ann Walsh.

Hemlocks is for all ages, with a specially designed indoor pool, paved pathways that make the woodlands accessible, and a dock that makes it possible for even the severely handicapped to take a boat ride on the lake.

"Our residents are still talking about the fun they had there," says Pat Sullivan, **Woodmere's** Physical Therapy Assistant, "but I don't know who enjoyed it more, staff or residents!"



*Darien's Clover Gardner, N.A., and Lee Bansack, L.P.N., attend to Susan Mazza at dinner*





*Eric, Janice and Debbie expertly navigate obstacle course outside Forestville*

The Rehabilitation Service at New MediCo's Forestville Nursing Center has changed many lives since its start in August, 1980. Twenty-eight people affected by a variety of disabilities are now enrolled, and receive intensive services in physical

therapy, occupational therapy, recreation, counseling and social services.

Eric Allhusen says, "It's a great program! They call me 'The Captain' because I was the first one here." Eric came to Forestville following a spinal fusion, and although still wheelchair-bound, is now "proud to be standing and walking." He especially enjoys the expanded activities program, and looks forward to reinvolved with a sheltered workshop in the area.

Janice Bohnenkamp feels that the program has helped her become more independent and involved in the community. "I teach 3 disabled children who are preparing for their First Communion. The staff arranged for my transportation. Being in the program has helped me become more assertive and mature." Her goal is to become a teaching sister in a religious order for the disabled.

Linda Schaefer also cites the program's emphasis on independence. "The thing I like about Forestville is that if you feel you can operate independently, they help you to find other living arrangements."

Program director Bob Brockway states, "We review every referral on an individual basis for admission. The main criterion is appropriateness of disability. Once admitted, each participant enjoys the enthusiastic help of every Forestville staff member to realize his or her fullest potential."



*Linda clearly makes her point*



*Janice proudly shows stencil painting projects*



*Michael Cordero, Social Worker, and Sylvia enjoy interior courtyard at Forestville*



## Nursing the Mind — Staff Education



Instructor P. Hoft, RN, demonstrates Heimlich Manuever at Whitewood Manor on J. Rompre, LPN, while (L-R) G. Drescher, RN, G. Kozlauskas, LPN, M. Daddario, RN, A. Boland, RN, and F. Erlanger, RN observe.

Education is a lively process in New MedCo facilities. Far from being limited to annual lectures on foot care and dental procedures, Staff Developers have examined the needs and interests of employees, residents and community in general and have planned innovative and surprising sessions.

In most facilities, development begins on an employee's first day. State requirements vary, but at each home there is a carefully planned program designed to orient and train each staff member for work in long-term care. Marjorie Sullivan, RN, follows up her comprehensive orientation program at **New Fairview** with a bi-monthly newsletter. Her publication features articles on new treatment procedures, safety, and other pertinent topics.

At **Whitewood Manor**, Janice Calo, RN, involved every department in a recent disaster drill, testing the facility's evacuation



Marge Sullivan, RN, Inservice Director at New Fairview, watches as nurses aides (L-R) J. Matheney, B. Anderson, K. Chambers, (M. Sullivan) M. D'Agostino, F. Matheney practice blood pressure procedures.

plan. Fire Inspector Parelli observed the practice and provided valuable comments.

Development of the Respiratory Therapy Program at **Forest Manor** placed new demands on the educational process there. Inservice activity helped to certify the nursing staff to provide intravenous therapy and to prepare all employees for the sophisticated respiratory support processes required. Several of the sessions have been approved for Continuing Education Units for nurses, and their CPR course offers certified instruction to all

interested staff members.


Lita Noel, RN, DNS, at **Christman Hill** has seen her inservice classes become a forum for the sharing of ideas and thoughts. Staff members are bringing information and new skills from many sources outside the facility and are eager to expand their expertise.



This spirit is not confined to staff members. At **Christman Hill**, as at other facilities, residents have invited themselves and their families to meetings. Physical Therapists, long accustomed to showing nurses how to move residents, are now showing residents how to move themselves with the assistance of nurses. At **Stevens Hall**, Elizabeth Poirier, RN, has had residents and families join staff members in attending films and discussions on abuse of alcohol and rape prevention.

Elizabeth Walker gives Stella Farquharson, R.T. at Forest Manor, a joyful hug



New MediCo Associates, Inc. 

150 Lincoln St., Boston, MA 02111

157 Whitewood Rd., Waterbury, CT 06708

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Combined Social Service and  
Medical Evaluation Group

**CT**

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**(203) 877-8909**

**(203) 628-0364**

**MA**

**1-800-343-1238**

Bernard Ampel, M.S.W., C.S.W.  
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**(212) 233-8876**

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## New MediCo Associates, Inc.

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Wallingford

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Waterbury

Danien Convalescent Center

Danien

Forestville Nursing Center

Forestville

Golden Hill Nursing Home

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New Fairview Hall Convalescent Home

New Haven

River Glen Continuing Care Center

Southbury

Whitewood Manor Nursing Home

Waterbury

Woodmere Health Care Center

Southington

#### MASSACHUSETTS

Brookwood Court Nursing Home

Holyoke

Christian Hill Nursing Home

Lowell

Columbus Nursing Home

East Boston

Forest Manor Long Term Care Facility

Middleboro

Lenox Hill Nursing & Rehabilitative Care Facility

Lynn

Lewis Bay Convalescent Home

Hyannis

Pioneer Valley Nursing Home

Northampton

Stevens Hall Long Term Care Facility

North Andover

#### NEW YORK

Highgate Manor of Cortland

Cortland

Highgate Manor of Rensselaer

Troy

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**New  
Medico**

**Head  
Injury  
System**



**MM**



For many head-injured men and women, lack of self-esteem is a recurring barrier to a rebuilt life. At all our programs, we concentrate on creating chances for success ... large and small treatment goals that help our clients experience again the satisfactions and pride of accomplishment. We also seek to prepare them for the discriminations many will have to endure in the community. In all, we help them understand and like their new selves, and teach them to remember their value and worth to themselves and to others.

## A Selection of Pathways

**T**he needs of head-injured men and women are complex, varied, and individualized. Their needs are immediate, and they are long-term; they are constant, and changing.

In short, head injury presents a staggering challenge to families, physicians, and insurers of head-injured people trying to find appropriate care and rehabilitation. And until recently, programs specifically for the head-injured were few and far between.

In response, New Medico has developed a system of programs providing post-hospitalization care and rehabilitation for individuals with physical, cognitive, and behavioral consequences of head injury. Our programs provide a selection of rehabilitation pathways, a selection broad enough to encompass the range, scope, continuity, cost-effectiveness, and quality of services that severely head-injured men and women need.

We have developed a system-wide case management approach to make sure that we – working closely with families and insurers – help each individual reach his or her potential.

## The Issue of Cost

**G**ood outcomes and prevention of physical or behavioral complications are the ultimate ways to contain rehabilitation costs. But recovery from head injury—to the highest achievable level of independence—is slow and uneven.

In acute care hospitals and rehabilitation facilities, time is a precious and expensive commodity. Acute care hospitals usually cannot meet the total, changing rehabilitation needs that result from head-injury. For many head-injured people acute care hospitals may not be a cost-effective setting.

In fact, in a growing number of head injury cases, the costly overhead of acute care threatens to exhaust medical insurance benefits completely before the patient has a chance to reach the level of recovery that should be attainable to him or her.

Our diverse programs have been designed not only to cover the range of services head-injured people need, but to provide the services at a cost commensurate with that level of intensity. The costs of our intensive rehabilitation programs reflect the personal attention and high overhead such treatment demands. But as an individual progresses to less intensive levels of care, the costs go down accordingly.

This means that insurance claims dollars are applied to maximum benefit—a way to contain costs without compromising the quality of care.

## Acute Care and Post-acute Care

**N**ew Medico begins immediately after the hospital stay. To provide the range of service, our programs are divided into two categories: Acute Care and Post-acute Care. Acute Care, including intensive rehabilitation, sustained rehabilitation and coma intervention, is designed to strengthen the recovery process of those who are recently injured. In our Post-acute programs, we concentrate on the behavioral, cognitive, vocational, and physical problems of people who are seeking to rebuild productive lives. Post-acute Care environments range from tranquil outdoor settings to small houses in friendly neighborhoods.

## Acute Care

Assessment and Re-Assessment

Coma Intervention and  
Sustained Coma Care

Acute Rehabilitation

Sustained Rehabilitation

Extended Care



## Post-acute Care

Assessment and Re-Assessment

Behavioral Rehabilitation

Independent Living



Assessment and Re-Assessment

Transitional and  
Vocational Programs

Independent Living



## **The New Medico Rehabilitation Programs**

**T**he basis of our New Medico System is a continuum of programs that meets the full range of consequences and the changing needs of the head-injured person.

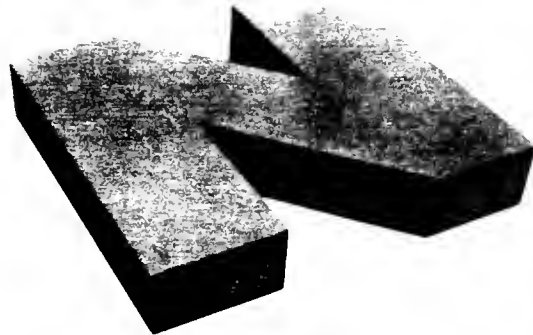
Under the strong leadership of some of the most experienced head-injury professionals in the country, each of our programs is run independently and offers a slightly different emphasis and treatment philosophy. Each of them offers an alternative that may serve as the optimum for an individual client. Within all of our programs, care is individualized through an interdisciplinary, client-oriented, team approach.





## **Assessment and Re-Assessment**

In-depth Assessment allows the formation of a comprehensive, long-term plan and aids in effective implementation of the plan. Assessment and evaluation is an integral part of all of our programs ... and a program in itself for individuals who may not enter one of our rehabilitation programs. Our Assessment procedures are for new clients immediately after injury or for those entering our programs for the first time. The Re-Assessment program is for people who have been through therapy and are now experiencing new or recurring difficulties.



## **Coma Intervention and Sustained Coma Care**

Coma Intervention is an integral part of our acute, intensive programs for those who are recently injured. The clinical objectives are to heighten and strengthen the recovery process through intensive health, nutritional, and physical intervention as well as controlled sensory stimulation. For those who do not attain sufficient alertness for continued involvement in an intensive rehab program, Sustained Coma Intervention offers a viable alternative to routine nursing home placement. Emphasis is on maintaining optimal health, nutritional, cognitive and physical status.



## **Acute Rehabilitation**

Long-term success depends critically on early, appropriate intervention. Our intensive Acute Rehabilitation programs are offered as medical condition stabilizes. These programs feature a broad interdisciplinary approach to the many problems head-injured individuals begin to face as soon as their medical condition stabilizes.



## **Sustained Rehabilitation**

Often the head-injured individual has attained maximum benefit from intensive therapy but is still in need of continued, less intensive services to maintain gains or to continue progress at a slower rate. New Medico's Sustained Development programs focus on social, emotional, and recreational programming, at reduced cost.



## **Extended Care**

This program provides long-term supportive care for individuals who are likely to re-enter society. Extended care is specifically for head-injured men and women who otherwise must be placed in skilled nursing facilities designed exclusively for geriatric populations.



### **Behavioral Rehabilitation**

The long-term behavioral problems encountered by the head-injured are well recognized. Occasionally they arise from inadequate early management or from a lack of continued intervention following the initial rehabilitation effort. We have a number of programs in various settings that are designed specifically to help people regain control over their behavior.

### **Transitional and Vocational Programs**

Community Re-entry is primarily blocked by a combination of cognitive, social, and behavioral problems. There are many fundamental independent living skills that head-injured people must relearn before they re-enter the community. Wherever possible, returning to work is the completion of the successful rehabilitation effort. Our innovative Transitional and Vocational programs address all the barriers to a return to the community, with the objective of restoring as many head-injured people as possible to productive, independent lives.

### **Independent Living**

Many of our programs offer supervised independent or interdependent living situations for clients who have completed therapy. These programs are in a wide variety of settings and are structured to provide the small amount of support that sustains a return to the community at the highest possible level of independence.



### **Respite**

The Respite program offers very short-term placement or follow-up—up to two weeks—for head-injured family members while their families must be away from home. Emphasis is placed on reinforcing or developing skills and interests that the resident can enjoy in his home community.

## **The New Medico System Approach**

**H**ead injuries often defy a single course of treatment. As treatment progresses, the therapy needs of the client can change quickly, requiring an immediate, dynamic response. Changes in a client's condition can suggest placement in programs that offer different levels of care at reduced cost.

For these reasons, we have brought our diverse rehabilitation programs under a single system that allows us to work with third-party payers and families in developing the most promising course of treatment.

We have designed the New Medico System to be one member of the team—the family, attending physicians, the payers—seeking the rehabilitation settings that are appropriate and cost-effective at each stage of recovery. To fulfill our responsibilities to the team, we have adopted a case management approach administered by local Program Case Managers and coordinated by a central System-wide Case Manager.

As part of the team, it is the Program Case Manager's job to monitor both cost and effect, and to look ahead to the next set of goals and objectives. If the client is preparing for discharge or for movement to a new program, the Program Case Manager ensures that he is prepared for the move and supported when it occurs.

Working closely with the Program Case Managers, the System Case Manager's primary function is to help families and insurers match each person with the most appropriate program. In some cases, the most appropriate program may well be outside the New Medico System.

Equally important, the System Case Manager is the visible face. He is the consistent, unchanging contact point for families and third-party payers, the way to communicate directly with the providers of treatment.

# Case Management

New Medico's system-wide case management approach provides the information, planning, personal support, and decision resources necessary for each head-injured person to reach the best outcome at the lowest cost. Patients, their families and third-

party payers work closely with local Program Case Managers and the System Case Manager to set realistic goals, monitor progress, and to chart the most promising pathway through the appropriate New Medico and outside programs.

**Case Managers support families through counseling, education, and involvement in treatment decisions and discharge planning.**

**New Medico's cost model facilitates effective use of funds by providing a firm basis for cost estimating and program pricing.**



**Financial Planning**  
New Medico's Case Managers assist families, third-party payers, and outside consultants in planning the best use of available funds.

**New Medico**  
New Medico's unique data base of functional outcomes helps to identify proper treatment alternatives in each case.

**Case Managers**  
develop discharge plans that will result in the best quality of life for the patient while maintaining appropriate care and lifetime support.

**System Case Managers**  
work with treatment team members to develop descriptive, functional care plans that guide the process and maximize the outcome.

## **Outcome-Oriented and Client-Centered**

**I**n our programs, progress of the client towards a less restrictive environment –and ultimately, towards the maximum return to productive life–is the objective. We do not over promise; we cannot offer cures. But each program is accountable to the client and to insurers on the basis of outcome. It is on this basis that each program's effectiveness is judged.

And our programs are client-centered. The goals and targets we set on a continuous basis are developed for that client – not for a particular facility. Our System is designed so that none of us –rehabilitation professionals and managers alike – can ever forget that we are here to serve a portion of the population that desperately needs our help.



Our programs are demanding: when we believe clients are truly ready to move to new levels we push them hard. We also ask a great deal from our treatment staff: we ask for professional dedication and personal commitment. Yet there are few complaints. We all know that working together, clients and staff can get much in return.

## **Reporting Mechanisms**

**I**n head injury treatment there is a huge need for consistent, regular reporting of progress. Yet because so many disciplines are involved treating so many deficits, much of the reporting is simply impossible to assimilate into usable form.

The case management system offers a solution to this problem. Using consistent formats and language, New Medico reports monthly on client progress in a condensed, concise form. The documentation from each therapist is distilled into a single voice, with a single contact for amplification or explanation. In conjunction with our more detailed data collection effort, these reports are designed to form the basis for informed decisions at each stage of treatment.






## Data Collection and Evaluation


**T**o function properly, the System requires identifiable criteria for movement—firm quantifiable targets backed by strong indications that a certain program will truly benefit a certain client. Before now, the data for these criteria in head injury not only didn't exist, but was impossible to gather in a sufficiently large sample.

To this end, the New Medico System has refined data collection and evaluation procedures to record all aspects of client activity at every step along the way.

As this information comes in, New Medico intends to work with the academic and clinical communities, and with the insurance industry, to develop movement and outcome criteria and to identify therapies and approaches that achieve the greatest success.



We have placed New Medico programs in a broad range of settings: the west North and the east New England, in large urban areas and small villages. In each town, the setting has been chosen because it enhances the treatment philosophy of the program and is used as an integral part of the treatment approach. In one of our programs in rural Indiana, for example, horses and ranch horses are combined with traditional disciplines into an innovative and effective community learning experience.



Our programs have a single goal: to restore each man and woman to the highest level of independent living that is possible for them. In some cases, this means a nearly complete recovery. But even in those cases where significant defects remain, New Medico believes that head-injured people can live productive, happy lives. And for the family and the insurers, productive lives mean less lifetime responsibilities, and lower lifetime injury-related costs.

## Long-term Follow-up

**I**t is the nature of head injury that many clients require support and direction throughout their lives. Often, they encounter difficulties that begin as minor problems, but progress in severity. The effect on the individual and family—who may have hoped that the injury was “cured”—is unbearable. And the additional cost of reinstitutionalization is enormous.

For this reason, comprehensive follow-up is one of the critical features of the New Medico System. Immediate attention and corrective strategies can usually limit the extent of relapse. The New Medico System offers a telephone number to call at any time, and a person at the other end who knows the client well. If certain kinds of behavior indicate real problems, the client can be brought back to the System in time—before he loses his job, his family, and his self-respect all over again.

## Family Support Services

**F**amilies with head-injured members are usually families in trouble. They are exhausted emotionally and physically. Therefore, when a person enters one of our programs, his or her family enters with him.

We take this responsibility seriously. Much of the reason for the accountability built into our programs is to provide a recognizable source of information and support to the family. If the client remains within the System for long-term care, the System remains with the family. And if the client is discharged, the family knows that is it never far away from help and advice.

## **A System with a Purpose**

**I**n many respects, head-injury treatment is a young science. Recognition of the problem—estimated at 50,000 to 90,000 people a year with severe disabilities—on a national level has been slow.

But head-injured people *can* be treated. They can regain much of what has been lost, and can learn strategies for circumventing much of what they will never regain.

We do not expect miracles. Our mission is to play a role in returning each head-injured person to the maximum functioning potential that is possible for him or her. We seek to help individuals and families regain control of their lives. We are looking for ways to cut rehabilitation costs.

But mostly, we are looking for ways to rebuild productive lives. That is what rehabilitation is all about. And that is the purpose of our System.

**NEW MEDICO HEAD INJURY SYSTEM  
DIRECTORY OF PROGRAM LOCATIONS**

**ARKANSAS**

1. Timber Ridge Ranch  
P.O. Box 878  
Benton, AR 72015  
(501) 778-6355  
(501) 778-7384  
(501) 778-6362

Brian McMahon, Ph.D.  
*Program Director*

**Programs**

Assessment and Re-Assessment  
Community/Transitional Programs  
Supervised Living  
Respite  
Intensive Retraining

**Program Psychologist**

William Burke, M.S.  
*Associate Program Director*

2. Golden Hill Head Injury Community  
Re-Entry Program  
2028 Bridgeport Avenue  
Milford, CT 06460  
(203) 877-0371

Carol Bergeron, R.N.  
*Program Director*

**Accreditations**

JCAH

**Program**

Community Re-Entry Program.

**Attending Physician**

Nicholas Bertini, M.D.

**CONNECTICUT**

1. Woodmere Head Injury Recovery Center  
261 Summitt Street  
Southington, CT 06489  
(203) 628-0364

Evelyn Janus, R.N.  
*Program Director*

**Accreditations**

JCAH

**Programs**

Acute Rehabilitation  
Coma Intervention

**Attending Physician**

Anthony Ciardella, M.D.

3. Forestville Head Injury Center  
23 Fair Street  
Forestville, CT 06010  
(203) 589-2923

Maggie Lamitie, M.S.W., M.S.  
*Program Director*

**Accreditations**

JCAH

**Program**

Acute Rehabilitation  
Coma Intervention

**Attending Physician**

John Moshello, M.D.



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P.O. Box 878  
Benton, AR 72015  
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*Program Director*

**Accreditations**

JCAH

**Program**

Acute Rehabilitation  
Coma Intervention

**Attending Physician**

John Moshello, M.D.

## MASSACHUSETTS

1. The Head Injury Center at Lewis Bay  
89 Lewis Bay Road  
Hyannis, MA 02601  
(800) 343-0848  
(617) 775-7601

Michael Keister, Ph.D.  
*Program Director*

### Accreditations

JCAH, CARF

### Programs

Acute Rehabilitation  
Coma Intervention  
Assessment and Re-Assessment

### Attending Physicians

Floyd McIntire, M.D.  
Gary Williams, M.D.  
Richard Mannal, M.D.  
Albert Martins, M.D.

2. The Head Injury Center at Pioneer Valley  
548 Elm Street  
Northampton, MA 01060  
(800) 792-2500  
(413) 584-8271

Larry Cervelli, O.T.R., B.S.  
*Program Director*

### Accreditations

JCAH, CARF

### Programs

Acute Rehabilitation  
Sustained Development Program  
Extended Care

Mona Whitman, R.N., B.S.  
*Program Director*

### Program

Coma Intervention and Sustained Coma Care

### Attending Physicians

Gerald Steinberg, M.D.  
Stephen Paul, M.D.  
Henry Rosenberg, M.D.

3. The Neurologic Center at Forest Manor  
P.O. Box 1330  
Middleboro, MA 02346-4330  
(800) 343-9344  
(617) 947-9295

Doris Sample, R.N.  
*Program Director*

### Accreditations

CARF, JCAH

### Programs

Neurobehavioral Rehabilitation  
Neurorehabilitation  
Coma/Pulmonary

### Attending Physicians

Silvio Landry, M.D.  
David Bachman, M.D.  
Matthew Messina, M.D.  
Richard Krueger, M.D.

4. Lenox Hill Rehabilitative Care Facility  
& Head Injury Center  
70 Granite Street  
Lynn, MA 01904  
(617) 581-2400

Marilyn Donovan, R.N.  
*Program Director*

### Accreditations

JCAH, CARF

### Programs

Acute Rehabilitation  
Community Living Training Program

### Attending Physicians

James Wasco, M.D.  
Murray Freed, M.D.  
Jonathan Lieff, M.D.



5. Community Re-Entry Services, Inc.  
162 Boston Street  
Lynn, MA 01904  
(617) 595-1841

Nancy Schmidt, M.S.  
*Program Director*

### **Programs**

Assessment and Re-Assessment  
Psychosocial Re-Education  
Vocational Development  
Transitional Employment  
Vocational Placement

### **Program Psychologists**

Deborah Fein, Ph.D.  
Merle Orren, Ph.D.  
Peter Mosback, Ph.D.

6. South Bay Community Re-Entry Service  
309 South Street  
Hyannis, MA 02601  
(617) 771-6499

Pat Kitchell, M.S.P.A., C.C.C.  
*Program Director*

### **Programs**

Transitional Development  
Independent Living  
Assessment and Re-Assessment

### **Program Psychologist**

Michael Kerrigan, Ph.D.

7. TBI at Columbus  
910 Saratoga Street  
E. Boston, MA 02128

Denise Rab Wilson, R.N.  
*Program Director*

### **Accreditations**

Geri Community, CARF

### **Programs**

Behavioral Rehabilitation

### **Attending Physicians**

Jonathan Lieff, M.D.  
Faripali Subaraju, M.D.  
Carl Sterpi, M.D.

## **MICHIGAN**

1. Community Re-Entry Services of Michigan  
216 St. Mary's Lake Road  
Battle Creek, MI 49017  
(616) 962-9529

Linda Michaels, B.A., C.V.E.  
*Program Director*

### **Programs**

Vocational Skills Training  
Independent Living  
Vocational Evaluation  
Supervised Living

### **Program Psychologist**

Steven Lazar, Ph.D.

## **NEW HAMPSHIRE**

1. Highwatch Center, Inc.  
P.O. Box 99  
Center Ossipee, NH 03814  
(603) 539-7451

Bob Hogan, M.S.  
*Program Director*

### **Programs**

Assessment and Re-Assessment  
Behavioral/Transitional  
Community Re-Entry Program  
Extended Supervised Living

### **Program Psychologist**

Richard Guare, Ph.D.

## **NEW YORK**

1. The Head Injury Center at Highgate  
100 Turnpike Road  
Troy, NY 12182  
(518) 235-1410

Lou McCormack, M.S., C.R.C.  
*Program Director*

### **Accreditations**

JCAH

### **Programs**

Assessment and Re-Assessment  
Acute Rehabilitation  
Coma Intervention  
Sustained Development Program

### **Attending Physician**

Ronald Musto, M.D.  
Anthony Armentano, M.D.  
Ralph Quade, M.D.

2. The Neurologic Center at Cortland  
28 Kellogg Road  
Cortland, NY 13045  
(607) 753-9631

Jerid M. Fisher, Ph.D.  
*Program Director*

### **Accreditations**

JCAH

### **Programs**

Acute Rehabilitation  
Sustained Development  
Coma Intervention  
Neurobehavioral Rehabilitation

### **Attending Physicians**

Patrick Hayes, M.D.  
Gary Clark, M.D.  
Charles Hodge, M.D.  
Frederick Barken, M.D.  
Frank Reed, M.D.

## **The New Medico Head Injury System has the following Clinical Management Team:**

Thomas P. Dixon, Ph.D. - Director of Case Management

Jeanne Fryer, Ph.D. - Director of Education

Danese Malkmus, M.A., C.C.C. - S.P. - Director of Quality Assurance,  
Acute Program Division  
Director, Clinical Technology

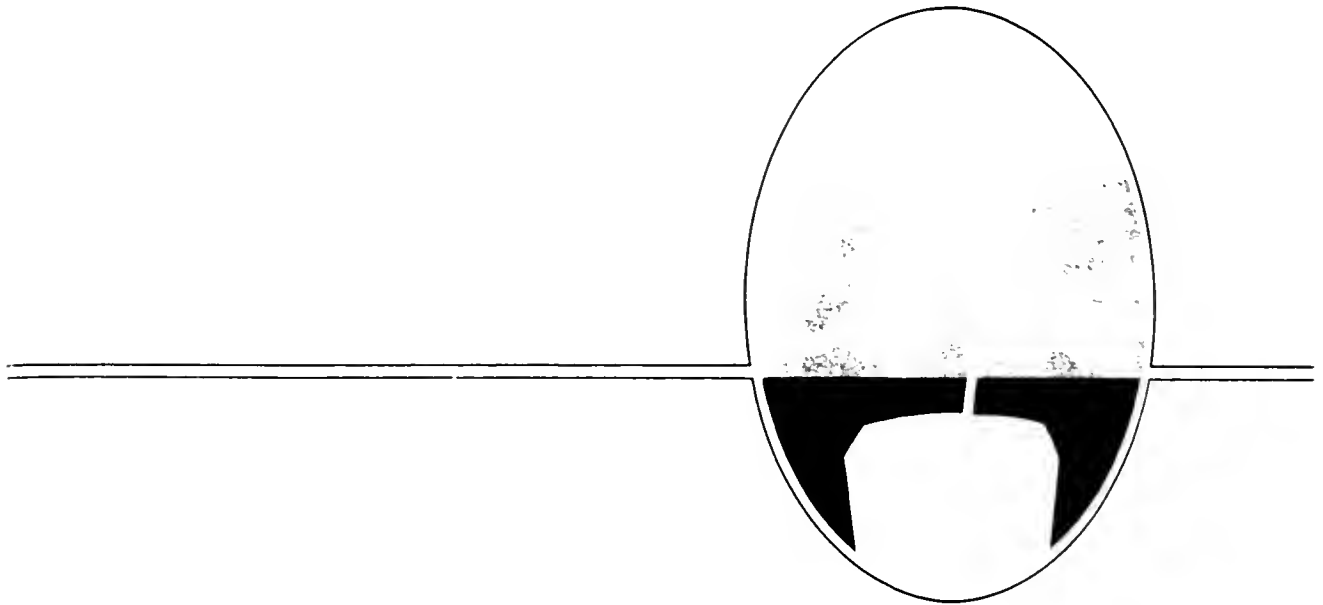
William Haffey, Ph.D. - Director of Research  
Director, Quality Assurance,  
Post Acute Program Division

For More Information or Admission  
Call 1-800-343-1238  
617-596-2300 in MA

New Medico Combined Group  
113 Broad Street  
Lynn, Massachusetts 01902



The  
Head Injury  
Center  
at  
**Lewis Bay**





*"I will not follow where the path may lead, but I will go where there is no path, and I will leave a trail"* Muriel Strode

## The Challenge

The National Head Injury Foundation, an organization which arose from the mutual sense of frustration and helplessness experienced by families of head injured individuals in their search for appropriate rehabilitation programs, estimates that greater than 100,000 individuals die annually from head injuries. More than 700,000 individuals suffer sufficiently severe head injuries as to require hospitalization. Of this group, it is estimated that each year between 50,000 and 90,000 individuals are left with multiple deficits precluding return to a normal life and requiring intensive rehabilitation efforts. Tragically, community programs specializing in rehabilitation of the head injured are limited and, in many areas, nonexistent.

The complex, long-term and constantly changing physical, cognitive, communicative, emotional and social manifestations of injury present a significant challenge to the rehabilitation community. They necessitate integrated evaluation, planning and intervention by a large number of skilled professionals over the lengthy recovery period following injury. The long-term costs of intervention, and scarcity of services, frequently result in exhaustion of the family's financial and emotional resources. Frequently, this lack of appropriate, comprehensive and cost-effective services results in failure of the head injured individual to achieve his or her full potential.

## Meeting The Challenge

To meet this challenge and assist each head injured individual in achieving the highest potential possible, New Medico Associates offers an innovative concept in rehabilitative management—a comprehensive continuum of care. This commitment spans a full spectrum of rehabilitative intervention. It includes short and long term trauma management, intensive short term rehabilitation for the recently head injured, young adult interim assessment and long term management planning and long term rehabilitation and maintenance of achieved potential.

Based on the individual's condition, the level of trauma and New Medico Associates' professional care, an individual's management program may include intensive, comprehensive or intensive services available to the head injured population. Situated within fully accredited skilled nursing facilities, the programs are designed to protect and stabilize special care for head injury management. Consistent care and effectiveness are maintained by the specialized program team, including those services provided by the head injury center. Otherwise, results in rehabilitation and deterioration of functional resources that are needed on a long term basis. At the same time, this concept allows for a patient's staff ratio that insures intensive ongoing treatment throughout each day.

## The Lewis Bay Program

The Head Injury Center at Lewis Bay is located on scenic Lewis Bay in the Cape Cod resort village of Hyannis, Massachusetts. A wide variety of services and lodging accommodations enable us to serve patients and families from a wide geographical area. Lewis Bay is located directly across the street from Cape Cod Hospital, which is fully equipped and available for acute medical services, should the need arise.

The Center provides three categorical programs within a young adult setting.

- **Early, Rehabilitative Intervention**
- **Progressive Coma Management**
- **Interim Assessment and Management Planning**

Each program offers comprehensive assessment and appropriate intervention from a skilled, interdisciplinary rehabilitation team. Treatment strategies are based upon determination of each individual's stage of neurologic recovery, outcome potential and individualized treatment needs. The team works in concert integrating knowledge, skills and techniques to heighten and direct the recovery process. Physicians specializing in internal medicine, neurological and orthopedic surgery provide primary medical services, monitoring each patient's health status and providing input into the total management plan. A program manager, viewing each patient as an individual with unique needs, coordinates the program and is responsible for a successful transition into the next setting.





## Early, Rehabilitative Intervention

The Early, Rehabilitative Intervention Program is designed specifically for the young adult who recently has incurred a closed head injury. Management of the physical manifestations of injury incorporates a variety of recognized approaches that are individualized according to each patient's combined physical and cognitive status. Physicians, physical and occupational therapists and rehabilitation nurses combine skills to minimize and reduce the effects of spasticity. Careful consideration is given to the timing and sequence of nonsurgical and surgical management procedures with regard to the individual's potential functional outcome. Concurrently, the team works together to increase motor control and sensorimotor integration, incorporating functional training to provide carryover into meaningful activity.

An interdisciplinary emphasis is placed upon reorganization of cognitive function. Once the speech/language pathologist and clinical neuropsychologist determine the individual's level of cognitive functioning and related behavioral capacities, a cognitive-behavioral management plan is designed and implemented. This may include an organized program of heightened sensory stimulation presented throughout the day to prevent sensory deprivation while providing input that will encourage increases in frequency, rate, duration, variety and quality of response. For the alert but confused patient, a structure-oriented approach decreases confusion stemming from environmental sources while providing a program of specific cognitive therapy. Behavioral strategies are employed that will reinforce cognitive gains, incorporate increasing capacity into functional behavioral activity and prevent occurrence and stabilization of maladaptive behaviors.

As cognitive function increases, programs for specific speech and language disorders, psychological counseling and recreational programming are initiated. Re-entry into the community is achieved by continuing the established treatment plan while reducing structure and assistance. Home and community training begins on the patient unit, gradually extending into the community. Educational and prevocational potential is explored in relationship to individual interest and capacity.

## Progressive Coma Management

The Progressive Coma Management Program is designed for individuals who have sustained a decreased level of awareness of more than six months' duration. It offers the opportunity for comprehensive assessment and intervention within a young adult setting. Interdisciplinary assessment of the individual's physical and health status is followed by development of a long term management plan. The program emphasizes reducing and preventing long term complications which often result in increased daily care requirements and repeated hospital admissions. Equal emphasis is placed upon evaluation of the individual's capacity to respond to a variety of sensory input and determination of a program of appropriate sensory stimulation that allows each individual the opportunity to progress to an optimum response level.

## Interim Assessment And Management Planning

For individuals lacking previous exposure to comprehensive head injury management, having only a limited exposure, presenting with deterioration or complications of a long term nature or in need of professional assistance that will provide or locate appropriate resources for the next step in the recovery continuum, a short term program is available. The Interim Assessment and Management Planning Program offers exploration of the individual's physical, orthopedic, cognitive, communicative, social, educational and vocational potential. Following assessment and treatment within the Center, a long term management plan and referrals to appropriate settings are provided. To insure successful implementation of the plan within the discharge setting, the program manager meets with the professionals responsible for continuation of the plan, providing input and assistance within the environment where long term management will occur.

## Incorporating The Family

The effects of catastrophic injury upon the family unit is a special concern of the Lewis Bay program. Recognition of the family's need to be a part of the rehabilitation effort, as well as their need for information, support and guidance during this difficult time, has resulted in a special Family Program.

The Family Program provides formal and informal educational opportunities, individual, conjoint and group counseling and active training that is directed toward the continued progress of the patient. Throughout the patient's stay, the social worker and clinical psychologist are available to address family concerns and expedite solutions. The family is considered an integral member of the team, working with them to develop and carry out the management plan. Prior to discharge, the family and team collaborate on a discharge plan that will meet the needs of both patient and family. Resources within the discharge setting are explored, including family support groups. Upon discharge, the continued involvement of the program manager provides the family continued support and reassurance during the transition from Lewis Bay.



## Program Directors

**Danese Malkmus, M.A.**  
Speech-Language Pathologist

**B.J. Booth, B.S.**  
Physical Therapist

**Mari Doyle, B.S.**  
Occupational Therapist

The co-directors were instrumental in the development and supervision of the Rancho Los Amigos Head Trauma Service, where the first interdisciplinary approach to head injury rehabilitation was pioneered. Their experience in program development and implementation serves as a framework for the Lewis Bay program, which combines expertise gained over fourteen years at Rancho with complementary techniques from other major programs and new, innovative approaches.

## Program Consultants

**Sheldon Berrol, M.D.**  
Chief, Rehabilitation Medicine  
San Francisco General Hospital  
Associate Clinical Professor  
Neurology-Neurosurgery  
University of California  
San Francisco

**Edith Kaplan, Ph.D.**  
Director, Clinical  
Neuropsychology Training  
Veterans Administration  
Medical Center, Boston  
Associate Professor  
Neurology-Neuropsychiatry  
Boston University School of  
Medicine

## New Medico Associates

The Head Injury Program at Lewis Bay is an integral part of the New Medico Associates comprehensive continuum of care. With over twenty fully accredited facilities located in Massachusetts, Connecticut and New York, New Medico provides the finest skilled nursing care and a full spectrum of rehabilitation services. Innovative special program concepts in head injury, respiratory therapy, nutrition, resocialization and young adult rehabilitation demonstrate New Medico's continuing commitment to quality care. The quality care tradition combines attractive surroundings and experienced staff to create a truly supportive environment. At New Medico, we emphasize the dignity and uniqueness of each individual while striving to maximize the independence of each resident.

## Admission Procedure

Applications for admission must include

- A written medical history, including:
  - Date of injury
  - Nature and extent of injury sustained
  - Medical and nursing diagnoses performed
  - Surgical intervention, if applicable
  - Course of recovery and related behavioral changes
- Current medical and neurologic status including:
  - Cognitive and physical status
  - Speech, language and functional capacities
  - Certificate of appointment of conservator or legal guardian ship, if applicable

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Requests regarding admission to the Head Injury Center at Lewis Bay should be directed to

**B.J. Booth, Co-Director**  
617-771-0612  
1-800-343-0848

**Lewis Bay Convalescent Home  
and  
Head Injury Center**

89 Lewis Bay Road  
Hyannis, Massachusetts 02601

## Additional Services

Within the Continuum of Care, New MediCo Associates offers other specialized programs to meet the needs of the head injured. These programs also are designed to provide the highest quality of resources and care to achieve and maintain the potential of each individual.

For additional information regarding the Head Injury Center at Lewis Bay, and other specialized programs within New MediCo Associates' comprehensive continuum of services, please contact:

**Bernard Ampel, M.S.W., C.S.W.**  
National Director of  
Human Services  
(914) 782-8331  
(212) 233-8876

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Combined Social Service and  
Medical Evaluation Groups  
Connecticut (203) 753-6629  
Massachusetts 1-800-343-1238

New MediCo Associates, Inc. 





# *The New Medico Head Injury System*

## *A Commitment . . .*

*. . . . to excellence in the treatment of traumatic head injury*

*. . . . to the finest in long term rehabilitation services*

*. . . . to a system of care that encompasses the full spectrum of treatment models: long term coma management, acute rehabilitation, behaviorial and vocational re-training, re-education for independent living*

*. . . . to the integration of the family members of the head injured individual into the rehabilitation process through support for their emotional needs and recognition of their vital role in the long term success of rehabilitation*

*. . . . to a life-long partnership with the head injured individual and his family through post discharge, follow-up services*

*. . . . to pioneer new programs and models of treatment as special needs of the head injured are identified*

*. . . . to advance the core body of knowledge through the use of research thereby improving at all levels of care the treatment of head injured individuals*

*. . . . to dignity, independence, and a meaningful new life for the traumatically head injured*



**NM**



*Head  
Injury  
Community  
Re-entry  
Program*

At Golden Hill  
a Health Care Center

Golden Hill

# *Head Injury Community Re-entry Program*

Noemi Fleischmann-Cohen, MS CCC SL-P  
Director



Dear Reader

It is with great joy and enthusiasm that we introduce our Community Re-entry Program for the Head Injured Population

Our purpose is to maximize each trainee's potential to resume independent living in a dignified and self-fulfilling fashion.

We have developed a comprehensive program unique in services and atmosphere. I would like to highlight the characteristics of our program which make it so special:

We accept as trainees persons who are within five years post-injury, and whose causes of injury are varied

Our consultants and staff members are exceptional not only in their fund of knowledge and experience but also in their congeniality. Ours is truly an interdisciplinary team

We provide treatment from 7:00 a.m. to 10:00 p.m. seven days a week. Each trainees' activities are structured around an individual treatment plan

We are committed to research and are actively seeking ways to improve rehabilitation procedures

We provide trainees with the warmth and comfort of a natural home setting

We offer monthly family weekends and weekly conferences at our facility for counseling and educational purposes

Our program provides the structure, consistency and warmth we believe to be necessary for the enhancement of our

trainees' quality of life. Our innovative approach and commitment to new solutions demonstrate our determination to contribute additional knowledge to rehabilitation procedures for the Head Injured

We extend a welcoming hand to all those who are interested in maintaining communication with us. Visitors are welcome!

Sincerely,

A handwritten signature in black ink that reads "Noemi Fleischmann-Cohen". The script is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Noemi Fleischmann-Cohen

Director  
Golden Hill  
Head Injury Community Re-entry Program

# Staff

## Consultants

**Yehuda Ben-Yishay, Ph.D.**  
**Psychology**

**Jason Brown, M.D.**  
**Neurology**

**George Miroff, Ph.D.**  
**Biochemistry**

**Ronald Arroyo, B.S.**  
**Rehabilitation Engineer**

## Interdisciplinary Team

Clinical Psychologist

Dietitian

Educational Specialist

Neuropsychologist

Occupational Therapist

Physical Therapist

Recreational Therapist

Rehabilitation Nurses

Social Worker

Speech-Language Pathologist

Vocational Rehabilitation

Evaluator and Counselor

## Medical Staff

Physiatrist

Neurologist

Specialists (as needed)

**Program** The program accepts moderately to severely involved head-injured individuals who are in need of physical rehabilitation, cognitive reorganization, psycho-social adjustment and nutritional/metabolic treatment. Following an intensive two-week evaluation period each trainee is provided with a comprehensive individual treatment plan. It is implemented by an interdisciplinary team approach through individual and group therapies and through club activities in the evenings. Progress is monitored weekly and treatment plans are re-evaluated once a month. Overall, trainees are exposed to 12½ hours of therapy seven days a week.

**research** We are committed to pursuing valid answers to rehabilitation related questions. One particular area of interest is that of nutritional and metabolic research. Our experts and staff will include any trainee who so wishes in the research program.

**carry-over** To help trainees maintain the skills in their own home or community, the program includes

**Family Education and Counseling.**

Monthly family weekends are held at the facility with staff and trainees. Weekly counseling sessions are conducted by the Psycho-Social Team. Other opportunities to learn treatment methods relevant to each trainee are provided by the interdisciplinary staff.

**Therapeutic weekend passes.**

**Follow-up procedures.**

Upon discharge a professional located in the trainee's home area will serve as liaison to the facility. The liaison will be familiar with the trainee's needs and assist in adjustment to the new environment.

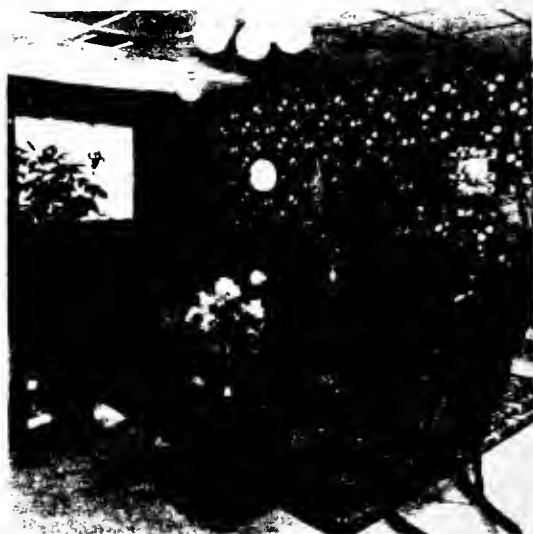
# Accommodations

Luxurious furnishings and decor, comfortable lounges for trainees and families give a home-like atmosphere to the trainee's living area. Modern medical equipment

and nurses are available 24 hours a day. The program is currently able to accommodate 24 trainees.



*bedroom*



*lounge*



# Referrals and Admission Criteria

Candidates may be referred from acute medical hospitals, rehabilitation centers, private physicians, insurance companies, and families. All referrals will be screened by an Admission Review Team.

## Types of injuries

A diagnosis of traumatic head injury, penetrating or non-penetrating, open or closed.

A diagnosis of anoxia.

## Medical Status

Individuals must be medically stable.

Individuals must be capable of independent respiration.

Individuals requiring a respirator, mechanical ventilation or tracheostomy will not be accepted.

## Other eligible criteria

Individuals must have command of functional English (if foreign born).

Individuals must be at least able to respond consistently and reliably to simple yes/no questions.

Individuals must be within 5 years post injury.

Individuals must be at least 14 years of age.

## Restrictive criteria:

A history of significant psychiatric problems.

A history of substance abuse, or

A history of sociopathy.

## Family commitment

Candidates who qualify for all the above will be accepted if the family or another significant person to the trainee commits themselves to:

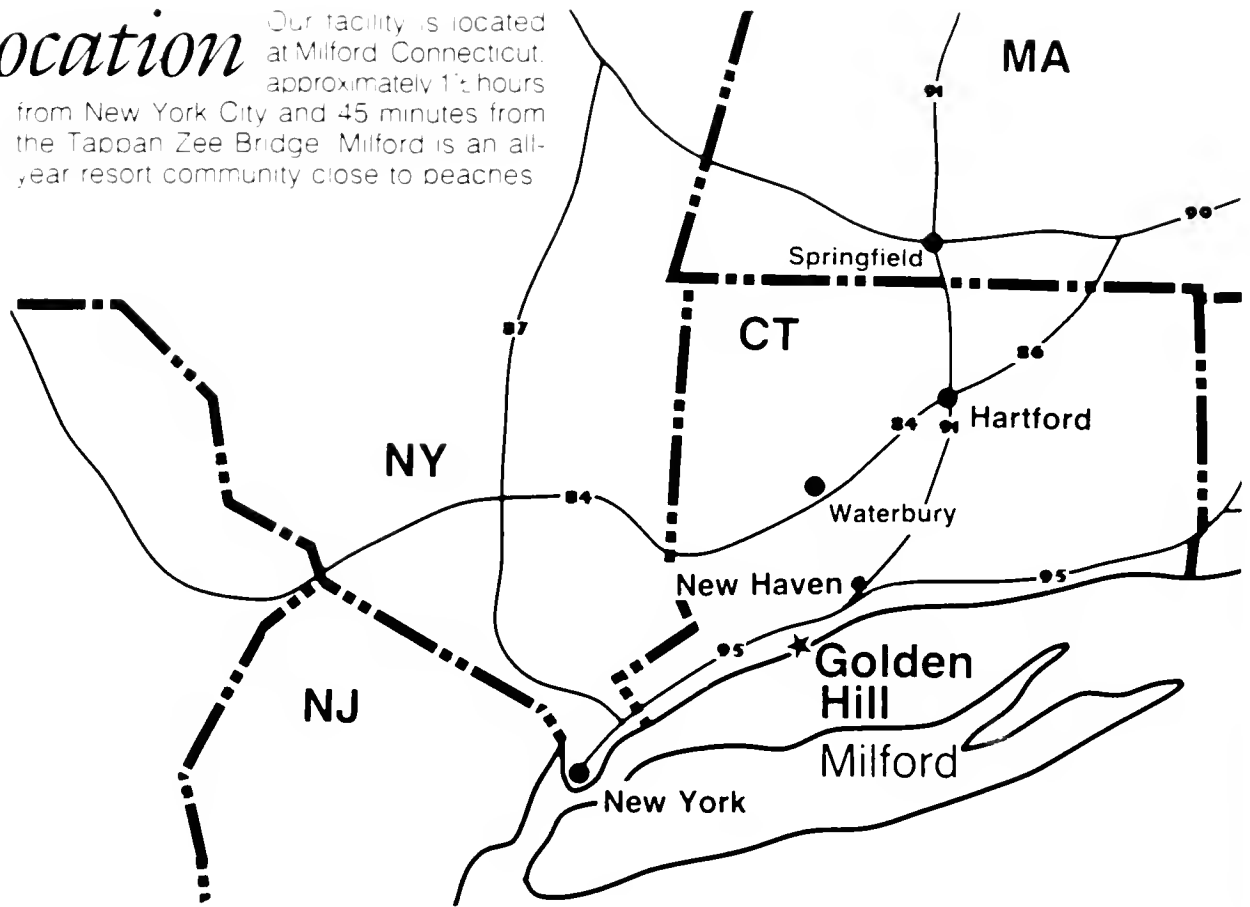
Attend at least three family weekends per year.

Attend initial and final family conferences.

Attend other family conferences and counseling or assume the responsibility of conducting them over the phone.

# Location

Our facility is located at Milford, Connecticut, approximately 1 1/2 hours from New York City and 45 minutes from the Tappan Zee Bridge. Milford is an all-year resort community close to beaches.



*For  
further  
information  
please  
contact:*

Golden Hill Nursing Home  
Head Injury Community Re-entry Program  
2028 Bridgeport Avenue  
Milford, CT 06460  
(203) 877-0371

Combined Social Service and  
Medical Evaluation Group  
(203) 877-8909

Bernard Ampel, M S W , C S.W  
(212) 233-8876  
(914) 782-8331





# Woodmere



Individualized instruction



261 Summit Street  
Southington, CT 06488

## Emphasis on the Individual

Each student is first interviewed by the Administrator of the Learning Center. The desires of the student are discussed and the available programs explained. We use informal diagnostic procedures to determine entry level. Formal testing is only done if requested by the referring school system or agency. Considering the desires of the student and the recommendations of the Rehabilitation Team, an educational program is determined.

The teacher and the student jointly set short and long term goals. The teacher then develops an Individual Educational Plan, including suitable materials and teaching strategies. Each student maintains a personal chart of progress in all areas of study.

Students have regularly scheduled hours weekly to work with an individually assigned teacher. Students are encouraged to come more often if they have the time and desire.

Educational progress is periodically evaluated through discussion and observation. More formal evaluations are given if requested by a referring agency, or if deemed necessary by the Administrator of the Learning Center.

Each educational plan is continually updated to meet the needs of the student.

The Woodmere Learning Center is an innovative concept in total health care—a cheerful, warm place on the premises, meeting individual educational needs—exemplifying the idea that learning is an ageless, ongoing process that is an enjoyable rehabilitative experience.

## For More Information

The best way to appreciate the advantages of a residential facility, having a Learning Center on its premises is to see it for yourself. Arrange for a visit, or for answers to questions, please call:

Program Administration (203) 628-0364  
Paul Brooks, M.S.

## Combined Social Service and Medical Evaluation Group

Westcott Connecticut (203) 628-0364  
Bernard Anapol, M.S.W., C.S.W. (212) 233-8876  
National Director of Human Services (914) 782-8331

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New MediCo Associates, Inc.

INC



## To Meet a Variety of Needs

- Cognitive Retraining
- Special Education for those with severe learning problems

- Adult Basic Education including reading, writing, spelling, basic math
- Preparing for the High School Equivalency Exam (G.E.D.).
- Regular High School Diploma following the guidelines of the referring school system.
- Life Skills Instruction.
- College credit through television, community college correspondence courses, or local college on-campus participation.
- Enrichment Programs including guest lectures and field trips.

The staff of the Learning Center is made up of teachers certified in special education, grades K-12, and adult

## An Inviting Environment

Although the education programs are structured, the environment of the Learning Center is relaxed and informal. Our teachers make each student feel successful and worthwhile through verbal praise and continued recognition of accomplishments. Frequent informal "rap sessions" between teachers and students build comradery and confidence.



*Individual counseling*



**Columbus Nursing Home**  
910 Saratoga Street  
East Boston, MA 02128

## Additional Services

### Medical Evaluation & Treatment

Surgical consultation and referral  
Dental Screening and referral  
Podiatry  
Pharmacology

### Physical Restorative Service

Physical Therapy  
Occupational Therapy  
Speech and Audiology

### Vocational Rehabilitation

#### Recreation

Educational outings  
Leisure time activities  
Arts & Crafts  
Gardening Program

### Transportation

Wheelchair accessible vans  
24 hour ambulance service

## Referrals

Columbus Nursing Home is approved for Medicare and is accredited by the J.C.C.A.H.

Any individual in any location requiring long-term psychosocial care may be referred to Columbus Nursing Home for in-patient care. Referrals may be made by social workers, discharge planners, hospitals, physicians, private or public rehabilitation agencies, insurers or family. As part of the admission protocol, a member of the Combined Social Service and Medical Evaluation Group visits and evaluates each potential resident.

For more additional information on Columbus Nursing Home and specialized programs available within New MediCo Associates' comprehensive continuum of services, please contact

Program Director (617) 569-1157

### Combined Social Service and Medical Evaluation Group

Massachusetts

Bernard Anapol, M.S.W., C.S.W.  
National Director of Human Services

1-800 343-1238

(213) 233-8876

(914) 782-8331

1-800



*Expression through Music Therapy*



*Activities of daily living*



*Therapeutic interaction*



*Expression through Art*

## Meeting the Need

Columbus Resocialization Program serves patients who have multiple medical and emotional problems and who have problems adapting to institutional life.

Institutionalized persons may be afflicted with multiple problems which overlap and interact. This calls for a multimodal approach to treatment. In addition to medical and surgical care, proper nutrition, relaxation and exercise, residents need intimate confidants, success-oriented activities and a sense of control over their lives.

The Resocialization Program provides individualized psychosocial rehabilitation to those whose link to society has become tenuous. Both residents who display the potential for discharge to a less structured environment and those requiring indefinite long-term supervised care benefit from the program. All Program elements are directed toward increasing acceptable, appropriate, social and psychological attitudes and behavior. Treatment focuses on re-motivation and social rehabilitation of the chronic institutionalized disabled person.

## An Individual Treatment Plan

The specific needs of each resident are addressed in an individual treatment plan. The on-going plan includes elements from a wide variety of available services:

**Individual Therapy** ... is provided by individual counselors who develop a primary trusting relationship and deal with personal issues such as self-worth, dependency and inner conflict.

**Group Therapy** ... is provided for residents to work toward achieving specific goals as part of their treatment plans. Groups take many forms, including psychodynamic, supportive, music and expressive therapy groups dealing with interpersonal relationships, emotional expression, and self-understanding. Art, music, psychodrama, poetry and movement groups provide a creative vehicle for therapeutic interaction. These therapies facilitate the physical, emotional and interpersonal goals of the treatment program.

## Independent Living Skills

Activities of Daily Life  
Health Maintenance  
Safety Practices  
Financial Management - checking, budgeting  
Communication Skills  
Housekeeping, Laundry  
Shopping

## A Multidisciplinary Therapeutic Team

A multidisciplinary therapeutic team meets regularly to coordinate the design and administration of each of the patient's treatment plan. The team consists of a psychiatrist, a psychologist, the nursing director, the program director, a social worker, rehabilitation nurses, therapist case-managers and relevant nurses and aides. Our residents also benefit from Columbus Nursing Home's affiliation with leading educational institutions in the greater Boston area. Our internship program creates meaningful interaction among students, staff and residents.



# Columbus



New MediCo Associates, Inc. **MA**



*Individual counselling*



**Columbus Nursing Home**  
910 Saratoga Street  
East Boston, MA 02128

## Additional Services

### Medical Evaluation & Treatment

Surgical consultation and referral  
Dental Screening and referral  
Podiatry

Pharmacology

### Physical Restorative Service

Physical Therapy  
Occupational Therapy  
Speech and Audiology

### Vocational Rehabilitation

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Program Director

(617) 569-1157

**Combined Social Service and  
Medical Evaluation Group**

Massachusetts

1-800 343-1238

Bernard Anapol, M.S.W., C.S.W.

National Director of Human Services

(212) 233-8876  
(914) 782-8331

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Expression through Music Therapy

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Activities of daily living



Therapeutic interaction

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Expression through Art

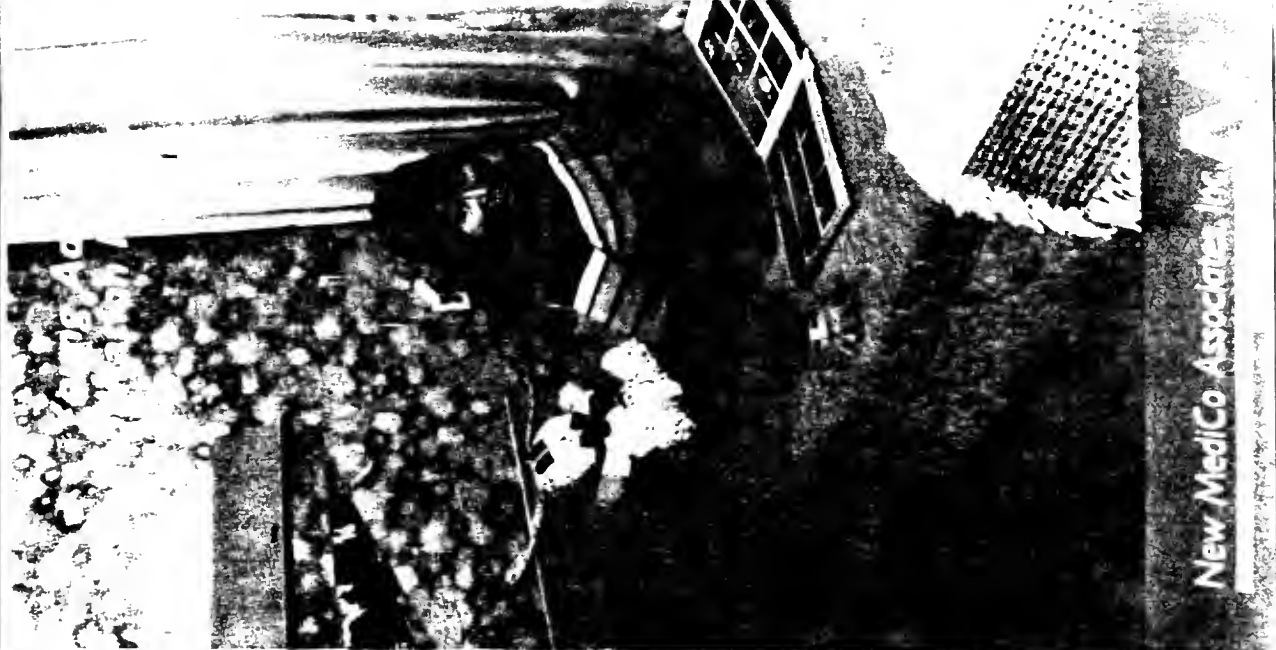
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- Activities of Daily Life
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- Safety Practices
- Financial Management - checking, budgeting
- Communication Skills
- Housekeeping, Laundry
- Shopping

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# Lenox Hill



New Med/Co. Associates, Inc.



*Cognitive training with the latest technology*



**Lenox Hill Nursing and Rehabilitative Care Facility**  
70 Granite Street  
Lynn, MA 01904

## Learning Center

Lenox Hill's Learning Center is a school structured to meet individual resident's needs. The environment is open, relaxed, and the teaching of subject matter is highly structured. Individualized programs of study recognize each student's functioning level and learning style. The center is success-oriented to enhance each student's self-esteem.

## Vocational and Recreation Therapy

H O P E Workshops, Inc., our in-house non-profit work activities center, provides training in work habits. Our vocational counselors refer residents to H O P E, outside workshops or community employment. In addition, our gift shop is managed and staffed by residents on a profit sharing basis.

Therapeutic recreation provides a wide range of group and individual activities. Residents participate in planning and implementing activities to take into consideration a wide range of cultural, social, economic, and educational backgrounds.

## Facilities

Lenox Hill is certified by the Commission on Accreditation of Rehabilitation Facilities (CARF), accredited by the Joint Commission on Accreditation of Hospitals (JCAH) and certified for Medicare and Medicaid.

Lenox Hill is conveniently located on the North Shore of metropolitan Boston, easily accessible to Logan Airport, major highways, and lodging facilities. When emergency or acute medical care is needed, Lynn Hospital is two blocks away. Lenox Hill has wheel-chair equipped vans for use by program residents for medical appointments, work, school classes, and recreational activities.

## Additional Information

Program Director  
**Combined Social Service and  
Medical Evaluation Group**

(617) 581-2400

Massachusetts

1-800 343-1238

Bernard Anpel, M.S.W., C.S.W.  
National Director of Human Services

(212) 233-8876

(914) 782-8331



Meaningful work activity



Fine motor skills developed



Physical Therapy

## A Wide Ranging Program

Lenox Hill Young Adult Rehabilitation Program provides individualized rehabilitative services for physically, cognitively, and emotionally impaired young adults. The program serves residents with a wide range of disabilities including spinal cord injuries, neuromuscular disorders, neurological disorders, congenital abnormalities and head injuries.

The young adult program meets the medical needs of its residents in a therapeutic community environment which encourages motivation and socialization. Our residents take an active part in the scheduling and implementation of treatment and rehabilitation services, including daily routines and leisure time.

## Rehabilitative Team

At Lenox Hill, our multi-disciplinary team meets weekly to identify problems and approaches, reassess goals, and coordinate the plan of care. The Program director coordinates the team, which includes representatives from each discipline.

**The Physical Therapy** Department provides individualized goal-oriented therapy such as gait training, transfer training and upper and lower extremity strengthening exercises.

**The Occupational Therapy** Department teaches pre-vocational skills such as planning and cooking meals, laundry, homemaking, shopping, and banking skills. Occupational therapists also develop individualized programs of care for residents who need further training in activities of daily living or adaptive equipment.

**Speech Therapy** is an individualized service to improve communication, articulation, auditory comprehension, memory and alternate modes of communication.

**The Social Service** Department provides advocacy and assistance to enable people to live as independently as possible. Services include individual counseling, crisis intervention, group therapy, and weekly community meetings. Family counseling is always available.

There are three program levels available to residents. **Level I**—to reduce the level of care to the least restrictive institutional environment possible.

**Level II**—to promote increased skills leading to the potential for semi-independent communal living. **Level III**—for community re-entry, as self care, or able to direct one's own care and work potential.

Lenox Hill's **Transitional Living Skills** program emphasizes the basic human right of every individual to live as productive and independent a life as possible. All Level III residents are provided, through training and supportive services, the skills knowledge and confidence necessary to be successful in a non-institutional setting.

## Program Consultants

James Wasco, M.D.  
Rehabilitation Program Physician and Medical Director

Jonathan D. Lieff, M.D.  
Program Psychiatrist

Murray M. Freed, M.D.  
Consultant Physician and Rehabilitation

Chief, Department of Rehabilitation Medicine  
Boston University School of Medicine  
Professor and Chairman, Department of Rehabilitation Medicine

# Woodmere

Traumatic Brain Injury Services



New MediCo Associates, Inc. **MA**



## Other Services Provided

- Pre-admission assessments are done on site by our clinical evaluation teams through our Combined Social Services Office.
- Woodmere has an in-house learning center staffed by special education teachers at the Masters level. This program affords residents the opportunity to achieve a high school diploma, a GED or to continue with college studies.
- We are affiliated with Newington Children's Hospital and its Speech Department which provides the opportunity for those with special deficits to be evaluated for electronic speech and adaptive equipment.
- In preparation for transitional living, Woodmere provides on-site wheelchair-accessible laundry and kitchenette facilities.
- Woodmere also provides both passenger and wheelchair vans to facilitate community accessibility.
- In addition to inhouse services Woodmere has a contractual agreement with the Department of Vocational Rehabilitation and Easter Seals to evaluate and develop resident's working skills. Jobs are available through community based sheltered workshop contracts.

## Location and Admissions

Woodmere is easily accessible to Connecticut Interstate 84, a one-half hour drive from Bradley International Airport. Accommodations for overnight stays can be made at local hotels convenient to Woodmere by contacting our Social Service Department.

Woodmere welcomes referrals from hospitals, extended care facilities, physicians, health care or social service professionals, psychologists or family members. For more information call or write the Combined Social Service and Medical Evaluation Team. All prospective residents and families are strongly encouraged to visit us to see for themselves the quality of life at Woodmere.

Program Director  
Paul Brooks, M.S.  
(203) 628-0364

## Combined Social Service and Medical Evaluation Group

Massachusetts  
Connecticut  
Rh Island, Alaska, M.S., W.V., S.W.  
National Director of Human Services  
1-800 343-1238  
(203) 628-0364  
(212) 233-8876  
(914) 782-8331



## The Team Approach

Through continued assessment and reassessment by a team of health care professionals, individual care plans are tailored to meet the changing needs of the brain injured patient. Each patient is assigned a case coordinator, who functions as the family resource person and co-ordinates the treating team conferences.

**The team consists of:**  
Rehabilitation Nurses  
Physical Therapist

Rehabilitation Nurses  
Physical Therapist  
Occupational Therapists  
Social Service Specialists  
Recreation Therapists  
Vocational Rehab. Counselor  
Speech Pathologist  
Neurologist  
Dietician  
Learning Center Teachers  
Psychologist

- Consumers are called to team conferences as the need arises. Family members and invited friends are essential members of the treating team. Patients are encouraged to take an active part in the formation of their treatment plan to the maximum extent possible.



# Cedar Lane



Cedar Lane Nursing Home  
128 Cedar Avenue  
Waterbury, CT 06705



Careful monitoring of graded exercise program

## Goal-Oriented Rehabilitation

Non-invasive pulmonary and cardiac monitoring helps to guide the staff and patient through an individualized goal-oriented program

The Rehabilitation program includes:

- Patient and Family education
- Graded exercise program  
treadmill and cycle ergometer
- Breathing training  
pursed lip breathing,  
abdominal breathing,  
cough control and cough retraining
- Monitoring - ear oximetry,  
capnometry, ECG, pulmonary  
function testing, and arterial  
blood gas analysis
- Smoking cessation counseling program.

## A Caring Environment

Cedar Lane Nursing Home is located in a quiet neighborhood of a charming New England Community. It is a completely modern, fully accredited skilled nursing facility. Cedar Lane is more than a modern medical facility, it provides a homelike environment which contributes to the completion of the rehabilitation process. We provide a wide variety of organized activities and a relaxed atmosphere of companionship and mutual support for all our residents.

## For More Information

The best way to learn about the quality of life at Cedar Lane is to see it for yourself. To arrange for a visit or for answers to any questions call

Program Director Roger Fyland RRT (203) 757-9271  
Combined Social Service and  
Medical Evaluation Group

Central Connecticut  
Bernard Anapol, M.D. W.C.S.W.  
National Director of Human Services  
(203) 753-6629  
(212) 233-8876  
(914) 782-8331



Pulmonary

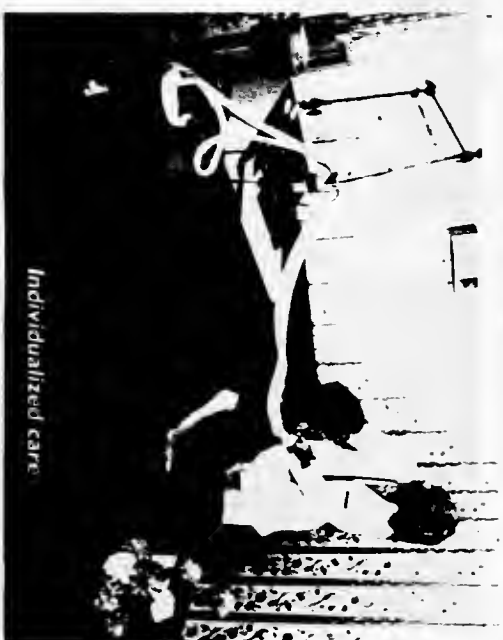
New MediCo Associates, Inc. **MA**



▶ Portable ventilator facilitates normal activities



▶ Evaluation by Pulmonary Function Testing



Individualized care

## A Special Program

Cedar Lane's Pulmonary Rehabilitation Unit is specially designed, equipped, and staffed to provide complete pulmonary care for the wide variety of diseases and conditions that affect the respiratory system. Our professional staff uses the latest equipment to provide around-the-clock care for the full range of respiratory needs. Individuals who would otherwise require hospitalization find an all inclusive care plan in a homelike environment at Cedar Lane.

## A Full Range of Services

The program is designed to serve and provide rehabilitation to people whose conditions range from total dependency on mechanical ventilation to those whose activities of daily living will become totally independent.

### Therapies Provided Include:

- Continuous mechanical ventilation and weaning
- Oxygen therapy - Aerosol therapy
- Bronchodilator therapy - Nebulizer and IPPB
- Postural drainage - Chest physical therapy
- Tracheostomy care

## An Individualized Care Plan

The medical care and health teaching provided by our qualified, knowledgeable staff assists residents requiring special pulmonary therapy and nursing care or long-term mechanical ventilation to achieve their optimum level of independent functioning.

### Services Include:

- Physicians and Consultants including Pulmonary Specialists
- 24-hour daily professional nursing care. Pulmonary rehabilitation trained, CPR certified, and IV certified.
- 24-hour daily respiratory care by Respiratory Therapists
- Pulmonary Rehabilitation Assistants
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Social Services 7 days per week
- Dietician - including specialized dietary requirements.
- Recreational Therapies



# Forestville



New MediCo Associates, Inc.



**Forestville Nursing Center**  
23 Fair Street  
Forestville, Connecticut 06010



## Therapeutic Environment

Forestville Nursing Center is more than a modern medical facility; it is a friendly place to call home for all residents. Located in peaceful surroundings in a small New England town, Forestville provides a caring environment that reflects and enhances the quality of its therapeutic services. In addition, community day trips, attendance at concerts and sporting events and over-nights at Camp Hemlocks, an outdoor recreation center, extend the range of the therapeutic environment.

## For More Information

The best way to learn about the services available at Forestville is to see for yourself. To arrange for a visit or for answers to any questions call:

Rehabilitation Services Director  
Robert Brockway, Ph.D. (203) 589-2923

Combined Social Service and  
Medical Evaluation Group

Central Connecticut (203) 753-6629

Bernard Anupel, M.S.W., C.S.W.  
National Director of Human Services  
(212) 233-8876  
(914) 782-8331



Helpful advice brings an approach to illness.

## Treatment Services

Forestville provides a wide range of therapies for all residents:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Recreational Therapies
- Constructive Workshop
- Social Services
- Personal and Social Development
- Volunteer Services
- Spiritual Services
- Specialized Physician and Nursing Services
- Learning Center



▲ Rewarding results with  
Biofeedback Therapy  
▲ Relaxing muscles with  
Hydrotherapy



Obstacle course increases maneuverability

## Quality Care

At Forestville we care about the quality and dignity of life. Our comprehensive Rehabilitation Services are designed to meet the unique goals and needs of each individual resident.

## Traumatic Brain Injury

For the individual who reacts specifically but inconsistently to stimuli, we provide motivation to increase the ability to process information from the environment. Our objective is to develop appropriate, consistent and specific responses to increasingly complex commands. Our treatment continuum includes:

- Cognitive retraining
- Reality orientation training
- Aid to daily living skills
- Workshop training
- Specialized medical nursing & rehab services
- Biofeedback



## Neurological and Neuromuscular Disabilities

Forestville's Rehabilitation Services accept individuals with a wide range of diagnoses, such as:

- Cerebral Palsy
- Multiple Sclerosis
- Spinal Cord Injury

## Individualized Treatment

Our mission is to achieve progress based on a realistic assessment of each resident's abilities and disabilities, reflecting the treatment goals of the resident and family. Our intensive team treatment approach stresses consistency and accountability.

The treatment team includes specialists from Forestville's Departments of Rehabilitation Nursing, Physical and Occupational Therapy, Speech and Language Pathology, Social Work and Recreational Therapy. Forestville's consulting physicians specializing in Neurology, Orthopedics and Psychiatry also participate. The treatment team explores objectives and methods, establishes a plan which includes assessment measures and procedures, and schedules frequent meetings to monitor progress.

## At Lewis Bay

# A New Concept In Head Injury Management

The National Head Injury Foundation, an organization which arose from the mutual sense of frustration and helplessness experienced by families of head injured individuals in their search for appropriate rehabilitation programs, estimates that greater than 100,000 individuals die annually from head injuries. More than 700,000 individuals suffer sufficiently severe head injuries as to require hospitalization. Of this group, it is estimated that each year, between 50,000 and 90,000 individuals are left with multiple deficits precluding return to a normal life and requiring intensive rehabilitation effort. Tragically, community programs specializing in rehabilitation of the head injured are limited and, in many areas, nonexistent.

The head injured individual presents a significant challenge to the rehabilitation community. The complex, long term and constantly changing multitude of physical, cognitive, communicative, emotional and social manifestations of injury necessitate integrated evaluation, planning and intervention by a large number of skilled professionals over the lengthy recovery period following injury. Few programs offer a comprehensive plan of care encompassing both

short and long term objectives and management strategies. The long term costs of intervention, and paucity of appropriate services, frequently result in the exhaustion of the family's financial and emotional resources. Thus, only too often, the lack of appropriate, comprehensive and cost-effective services results in the failure of the head injured individual to achieve his or her full potential and further deterioration of the family system.

To meet this challenge, New MediCo Associates is offering an innovative concept in rehabilitative management of the head injured individual...a comprehensive continuum of care encompassing the full spectrum of rehabilitative services needed over the course of recovery from injury. On August 16th, the New MediCo Associates Head Injury Program at Lewis Bay opened its doors to its first group of young adult head injured. Located in Hyannis, Massachusetts on beautiful Lewis Bay, the program is directed by B. J. Booth, physical therapist, Mari Doyle, occupational therapist and Danese Malkmus, speech-language pathologist. The co-directors of the program were instrumental in the development and supervision of the Rancho Los Amigos Head Trauma Service in Downey,

California, where the first interdisciplinary approach to head injury rehabilitation management was pioneered. Their experience in program development and implementation serves as a framework for the Lewis Bay program, which combines the expertise gained over fourteen years at Rancho with complimentary approaches from other major head injury programs and other, new, innovative approaches.

Currently, the Lewis Bay Program is implementing three programs from the New MediCo Associates continuum of head injury services. One such program is comprehensive assessment and rehabilitation of the recently injured individual.

The Early Intervention Program is located on a 30-bed unit specifically designed for the head injured young adult, with services provided by an interdisciplinary team of allied health professionals. Treatment strategies are based upon determination of each individuals' stage of neurologic recovery, outcome potential and special treatment needs. Patient-staff case-loads are maintained at a low ratio to insure an intensive rehabilitation effort.

The team works in concert, integrating knowledge, skills and techniques to heighten

and channel the recovery process. A program manager, viewing each patient as an individual with unique needs, coordinates the program and is responsible for a successful transition into the next setting.

Ongoing, primary medical coverage is provided by physicians specializing in internal medicine, orthopedic and neurological surgery in order to monitor and safeguard each individual's status and needs. Other physician services are provided as indicated. Physical and occupational therapists and rehabilitation nurses combine efforts to minimize and reduce the effects of spasticity and increase motor control and sensory-motor integration to achieve functional capacity for activities of daily living.

Special emphasis is placed upon reorganization of cognitive function. Once level of cognitive functioning and related behavioral capacities are determined by the speech-language pathologist and clinical neuropsychologist, appropriate sensory stimulation, environmental structure or community oriented management approaches are employed by the interdisciplinary team to increase cognitive processes in a systematic manner.

When cognition is adequate, programs for specific speech and language disorders, psychological counseling, recreational programming, and educational and prevocational exploration are provided.

Weekly rounds, conducted by the team physicians and allied health professionals, assure the communication and collaboration necessary for monitoring each individual's program and status

and adjusting the program to facilitate continued gains in capacity.

The Progressive Coma Management Program will provide individuals with a decreased level of awareness of greater than six months' duration opportunity for comprehensive assessment and intervention within a young adult setting. Following assessment of physical and cognitive potential by the interdisciplinary team, the program emphasizes prevention of long term complications which often result in increased complexity of daily care requirements and repeated hospital admissions. Equal emphasis is placed upon providing appropriate sensory stimulation to allow each individual to progress to his or her optimal response level.

For individuals lacking exposure to comprehensive head injury management, having only limited exposure, or presenting with deterioration and complications of a long term nature, a short term program of assessment and intervention planning is offered. The Interim Assessment and Management Planning Program explores the individual's physical, orthopedic, cognitive, communicative, social, educational and vocational potential. Following short term treatment within the Lewis Bay setting, a long term management plan is established and referrals to appropriate settings for continued implementation provided. To insure successful implementation within the discharge setting, the program manager meets with professionals responsible for continuation of the plan, providing input within the setting where long term management will occur.

The effects of catastrophic injury upon the entire family constellation is of special concern within the Lewis Bay Program. Under the direction of the social worker and clinical psychologist, the interdisciplinary team provides ongoing individual and group family counseling and education, incorporating the family as team members. Prior to discharge, the team provides the family with consultation regarding their family member's continued needs and follow-up procedures. Training for their participation in continued care and assistance in locating appropriate resources for continued treatment, educational, prevocational and vocational programs are provided as well.

The primary objective of the New MediCo Associates Head Injury Program at Lewis Bay is to provide the highest quality of comprehensive, professional, rehabilitative services within a cost-effective setting. This is made possible by the specialized program concept, or sole focus on closed head injury, and the provision of only those services needed by that population, thus reducing cost factors. Therefore, the specialized program concept not only insures a higher integrity of long term professional intervention, but extends the rehabilitation dollar significantly.[]

# New Medico Head Injury Center at St. Mary's Lake

by Carol Sievert

On July 11, 1984 Community Re-entry Services of Michigan, Incorporated opened its program at the site formerly used by the Michigan Education Association on St. Mary's Lake. It is the first facility in the State of Michigan, part of the nation-wide New Medico Head Injury System to deal categorically with head injury on a residential basis.

"We are specifically addressing the re-training of independent living skills and prevocational exploration and training," says Linda Michaels, Director of CRS-MI. This is accomplished through a "very structured format utilizing several phases of independent living." There is a four-step program through which the head-injured person moves, under the guidance of a treatment team, so that he or she can resume independence.

The first step is a residential setting with two people sharing a room on the "buddy system." The second step takes the participants into a cottage with a private bedroom and a common kitchen. In the third step, the person moves into a cottage like an efficiency apartment with a bedroom and separate kitchen. The fourth step is into a house on the property where the head-injured participant learns to be independent of the facility for food and laundry. "We use four stages", says Michaels, "purposely because the head injured person has difficulty in transferring skills. We want to test these skills in the most supportive environment, one they are familiar with. We can watch how they transfer these skills from phase to phase."

Mrs. Michaels gives this example of transferring skills: a person may be assigned to the re-training kitchen to set the table, to prepare an omelet, and to present the meal. It is subject to a full inspection from the therapist. The participant does the same tasks over and over but the environment is changed. The re-training received at CRS-MI can prevent confusion and disorientation later when a person returns to a home of his/her own. "The goal of Community Re-entry is



The facilities of CRS-MI, a head-injury treatment center, are located at St. Mary's Lake



Tony Talano, participant in the head injury program at CRS-MI, is shown with wife Pam (second from left) and Director of CRS-MI Linda Michaels and Maggie Ebrite, Family Services Manager, at right.

consistently to confront and test those items learned by changing the environment with the support of a therapist."

CRS-MI's concurrent goal is productivity. "This along with independence are the main goals for the head-injured person," says Michaels. During pre-vocational training, CRS-MI again uses stages of redevelopment. Skills are assessed to determine what the participants' strengths and limitations are. Then they pass through phases of "polishing up" their strengths and using them through CRS-MI many on-the-job training possibilities: maintenance, food service, business, and landscaping are just a few examples. This gives them a well-rounded approach to trying different job tasks, working with different people and getting used to going back to work. "A head-injured person can perform very well in specific areas and do individual tasks," Mrs. Michaels asserts. "We want them to be successful. That's the key."

When a person finally demonstrates an ability to live independently through the levels of training at CRS-MI, and vocational skills have been "polished" and he or she has been placed on a job, the re-entry specialist assists that person in finding an apartment or returning home. The specialist will stay for two weeks to help the individual become acquainted with local facilities, the best route to the place of employment, to the doctor's office, how to fill out forms, and again, to affirm skills in the home environment.

During the program, as the needs of the participant are being met, the family also is being provided with education, counselling, and in-service training. "We are just beginning the second phase of our family education in December by meeting once a month for a workshop over a weekend," Michaels states. "Through this workshop, the family will actually go through training classes and we will do individual and group therapy with other families. It is important that the families know they have support."

Mrs. Michaels tells of the role of the National Head Injury Foundation and the Michigan Head Injury Alliance. The Head Injury Alliance offers continued support through the time of recovery.

The Battle Creek support group of head injured families is also a strong group whose president, Dale Augustine, is himself a head-injured person. The group is actively involved with the recovery of individuals and also is trying to make an impact on the laws on insurance, Social Security

benefits, and is interested in research. There are now several professional people who have joined this group. They are ready to share with families that are just going into the first stage of recovery. The message is 'there is hope!' and there is no better person to tell that than the family member who saw that person wake up from a coma!

Linda Michaels takes us through the trauma involving a head-injured person, from the family view. "First, the family faces the reality that their loved one may die—then they see them wake up. Next they prepare themselves for this person being in a vegetative state. Then the person out of the coma does a little moving around. They are told he/she may never live a normal life and it is hard at that point for the family not to say but you said he wouldn't live and he lived. Now you say he can't do something again and I'm sure he can. It is a message to the family that is confusing to them. Yet they don't give up. We want them to understand that once you have a head injury, you are never the same. There are memory deficiencies, changes of personality and character, and physical, emotional, cognitive and psycho-social and motor deficits. I've worked for over eight years in the field of rehabilitation and this is the toughest disability I've ever worked with."

It is important to know a little about who the head-injured person is. Generally, it's a male, ages 15-24. The National Institute for Highway Safety reports that 62% of the head injuries come from motor vehicle accidents. There is proof that wearing seat belts reduces the number of severe head injuries. Linda Michaels says "people must wear seat belts." Head injuries come from other accidents as well. 20.8% motorcycle, 11.7% pedestrian, 5.6% bicycle. A quote from Rebecca Rimmell at the National Head Injury Foundation Conference on "The Challenge Of Traumatic Brain Injury" on October 21-24 in Boston, states "Head injury is the leading cause of death under the age of 34. Fifty percent of the people admitted will die after the first three days of admission; 40 percent of head injured have had a previous accident; 20% felt they had a drinking problem; 78% admitted they were drinking at the time they had the accident; and 54% were legally intoxicated. Drinking and driving do NOT mix and that has provided for the higher number of individuals that are in accidents. The unfortunate part of the statistic is that you don't have to be a drinker to be injured."

Michaels says, "We are interested in getting our participants out, doing some volunteering — to go out and do for others, like working with the geriatric population, doing things that would allow them to gain something from it." CRS-MI is involved in the growth of this community in that 70% of the staff are local people. They also have provided jobs in the construction fields and are using local suppliers.

The total CRS-MI staff includes a full interdisciplinary team: Special education teachers, social workers, registered physical therapists plus an assistant P.T., Occupational therapists and assistants and a group of life-skilled aids, vocational evaluators, vocational counselors, and music therapist, a psychologist, fitness specialist, behavioral specialist, psycho-motor specialist, plus a full support staff of maintenance, food service, housekeeping and business people.

"We train the whole staff", said Linda Michaels, "so that they are working consistently for the head-injured individual. Community Re-entry Services of Michigan is a pretty large family. Regardless of the fact that we use a specific team to assist these individuals, we use this whole staff for their recovery!"

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*Community Re-Entry Services of Michigan is part of the New Medico Head Injury System. For additional information call:*

**1-800-343-1238  
In Massachusetts call:  
1-617-596-2300**





## Head injury victims want an even break and understanding

By Alan Patureau  
Staff Writer

On Thanksgiving eve 1978, Christine Wells Glaze and another 18-year-old girl were driving home from a friend's house, reminiscing about their halcyon years as flute players in the Peachtree High School band. They had enrolled in different colleges and hadn't seen each other for five months.

As Mrs. Glaze turned left from a side road into Dunwoody Club Drive, an oversized Jeep crashed into the driver's side of her VW Dasher. That's the last thing she remembered for a month. She was hurled to the right side of the car, suffering severe head injuries, a broken collar bone, spinal damage and multiple fractures of the pelvis. She was plunged into a deep coma and didn't regain consciousness until Christmas Eve.

In earlier times, before the advent of modern medical equipment and coma-treating techniques, Mrs. Glaze would have died of severe head trauma. In fact, her doctors at West Paces Ferry Hospital called it a miracle that she survived in 1978. Her friend received only minor cuts. The Jeep driver and his date, both teenagers, were unscathed. But Mrs. Glaze was litleless when scooped from the car. Doctors rushed her into surgery to remove a blood clot that was building dangerous pressure on the left side of the brain.

The neurosurgeons, medical attendants and nurses managed to save Mrs. Glaze — but at a price. Once a straight-A student with a puckish sense of humor, the skinny Dunwoody girl with the curly hair and twinkling blue eyes emerged from her long coma with some brain damage. She became a head injury survivor — a member of a growing club.

In the 1960s, only 10 percent of head injury victims survived, compared with 50 percent nowadays. Head trauma is the leading killer of Americans under the age of 34, causing 100,000 deaths per year. That's why the National Head Injury Foundation calls it "the silent epidemic."

Another 700,000 victims are hospitalized, and 75,000 suffer intellectual or behavioral defects. Tragically, two-thirds of those are under 30. Many are male "daredevil types" who get injured in car or sports accidents, according to Mary Beaver, head of the three-year-old Georgia branch of the Head Injury Foundation. In metro Atlanta, an estimated 600 people suffer severe head trauma each year.

These people have to struggle with public misunderstanding, a shortage of long-term rehabilitation facilities and their own perceived inadequacies, said Dr. Louise Cording, a clinical psychologist who treated Mrs. Glaze at Emory University Center for Rehabilitation Medicine.

Though Mrs. Glaze's reasoning powers are undiminished, she was left with slowed speech, a wobbly gait and memory problems. "Little details, like forgetting to write down your phone number so I'll call you," she explained. If she wants to say something difficult, she must think about it a minute before speaking. When she went back to DeKalb Community College, she had to study for the first time in her life. "And I only made B's," she said.

Dr. Cording said Mrs. Glaze was lucky to have so few mental and behavioral difficulties, but that's not her whole story. The accident also inflicted neck nerve and spinal disk damage that subject her to excruciating pain and muscle spasms unless she takes a daily batch of prescribed drugs. On her waist she wears a small black box, a neuroelectrical stimulator that sends pain-relieving pulses to her left side and leg.

Over the last six years she has undergone 20 more operations — on her spine and legs and to remove bits of nerve fibers that had broken off and formed tumors.

Mrs. Glaze spent 11 months relearning life's basics at the Emory rehabilitation center. How to walk in balance. To brush her teeth, dress,

cook a meal in the classroom kitchen, to use her hands. To pronounce word endings distinctly, to pay attention, to get organized.

"I liked the swimming therapy when I'm in a pool it's like nothing's wrong," Mrs. Glaze said.

She learned to drive a car again and in March 1980 passed tests given by Handicapped Driver Services Inc. in Roswell. A month later she married her childhood sweetheart, Jeff Glaze, an electronics technician.

A touching triumph came when Mrs. Glaze relearned to play the flute. Not with the dexterity that put her in the All-State Band for three years in a row, but good enough to wow them at her church one Sunday with the theme from "Ice Castles," a movie about a skater who is blinded in a fall, yet perseveres to win a championship.

Dr. Cording said the toughest time for many head injury survivors is the third stage of rehabilitation — after their lives have been saved and they have learned to function physically again. They realize they aren't who and what they used to be. And it's a long, hard road back, she said. Survivors often suffer severe emotional problems: confusion, fits of anger, short-term memory loss. In extreme cases, they may hurl a stream of epithets undress in public, abruptly suggest a sex act. Sometimes this kind of behavior surfaces years later and is mistakenly diagnosed as mental illness.

Information tends to go in one ear and out the other, Dr. Cording said. They're irritable, restless, impulsive, anxious, easily bored or distracted, aimless. They may laugh at the wrong part of a joke. They have great difficulty reestablishing love and work relationships, which Freud called the two essentials in life.

Mrs. Glaze knows about anxiety. Her eyes roll with mock dismay and her laugh has a bitter edge as she slowly forms the words, "I guess I'm a victim of society's ignorance." Not because the police blamed her for the 1978 accident, tining her \$45 for an illegal left turn. That she can live with.

But last August 10 she was charged with driving under the influence — and another illegal left turn — en route to a late night McDonald's snack on Jimmy Carter Boulevard. State Patrol Cpl. Andy Pavliscek said that after he stopped Mrs. Glaze, she stumbled from the car, dropped her keys and talked in a slurred voice.

The DUI count was dismissed after a blood test indicated Mrs. Glaze hadn't been drinking. However, a State Crime Lab toxicologist said her blood contained enough of the drug Meperbamate, a muscle relaxant and sedative, to convict her — even though it was her prescribed dosage.

This week the Department of Public Safety is considering revoking Mrs. Glaze's driver's license, on Pavliscek's recommendation.

"It was a sad, unique case, it would bring tears to your eyes," he said in a telephone interview. But his obligation is to protect the motoring public from impaired drivers, whatever the circumstances. He filed a recommendation, approved by the State Patrol's supervisor of drivers' services, that Mrs. Glaze's license be revoked until such time that her physical condition improves or her dosage of prescribed medication be reduced.

Mrs. Glaze commented, "If they kill my driving, they kill me." She crisscrosses metro Atlanta daily in her 1979 Oldsmobile to a volunteer job with the Georgia Head Injury Foundation at Emory and to lead a head injury support group in Lawrenceville. Previously she drove to DeKalb Community College psychology classes, to her job as an aide at Eggleston and Northside hospitals, and to be a cashier at a McDonald's restaurant.

Mrs. Glaze has rebuilt her life as best she could," said her attorney, Charles Puls. "She

needs sympathy from the world, not a hard time." He displayed letters from doctors assuring her physical and mental competence to drive, even with that "intriguing 3 percent per milligram of Meperbamate" in her blood.

All we want is for the head-injured to get an even break," said Mrs. Beaver. She said 120 survivors belong to the Georgia Head Injury Foundation. The national foundation was organized five years back, she said, as an advocacy group to handle the dramatic increase of head injury survivors and the widespread lack of understanding or help for them and their loved ones. It now has 45 chapters in 50 states.

Like many others, Mrs. Beaver got interested in the problem when someone in her family suffered serious head trauma. Her husband, a Lawrenceville electrical repairman, was nearly electrocuted and spent 10 days in a coma.

John received excellent hospital treatment, but when he came home, I had no one to relate to," Mrs. Beaver said. "I had to teach him to brush his teeth at the same time I was teaching our 3-year-old. How could I expect our son to behave properly if my husband never knew what to do next without being told?" She couldn't find quality care in Georgia, so Beaver now is in a long-term facility in Pennsylvania that combines head injury and psychiatric therapy.

In Atlanta, the foundation offers retraining programs, develops support networks for patients and their families, serves as an information and referral center, stimulates public awareness and is a political lobby. It is fighting an effort in the Legislature to repeal the motorcycle helmet law. It advocates stronger DUI laws and wants head injuries added to the state's Warm Springs-based spinal cord registry, which helps families find medical and financial assistance.

Mary Jo McCormack, a local rehabilitation specialist and the foundation's lobbyist, said that after a massive head insult, the jello-like brain reverberates inside the skull, tearing brain tissue, rupturing vessels, causing blood clots and lesions. In many victims the resulting damage is obvious, she said, but in others it's purely mental.

■ Michael, a successful young attorney, almost died in a motorcycle crash. His memory and planning ability are affected, but not his speech. He has a wife and family and is struggling to maintain his law practice. He is personable, loves people, but is torn about whether to tell clients about his head injury.

■ Roy, a strapping young oil driller, was injured when an oil rig collapsed on him. Spasticity and slurred speech are his toll. His IQ is normal, his sense of humor good. He can feed himself and take care of personal hygiene, but can't cook or walk outside. He gets 24-hour care, which so far has cost \$350,000. (Head injury survivors show near-average life spans with typical expenses totaling \$1 million.)

■ Joe, in his late 30s, was inflating a tire when it exploded. He has extreme behavior problems, but is very verbal and insightful. His devoted wife cares for him 24 hours a day.

■ Jack, a construction man in his 40s, fell off a house, suffered a broken wrist and a head injury. After mending, he returned to work. But he had difficulty organizing his thoughts and when he heard or saw something, his brain couldn't process what it meant. Therapy could help, meantime he's out of a job.

Mrs. Beaver said the only adequate outpatient care for the head-injured in Georgia is found at the 56-bed Emory rehab center. Some treatment is available at West Paces Ferry, Kennestone and North Fulton and Georgia Baptist hospitals in rehabilitation settings designed for stroke and spinal cord cases. A private program called Transitions will open next month in Marietta for about 12 patients. The Warm Springs Foundation will make room for eight head injury patients, beginning in March.

Other victims are popped into VA or mental hospitals, as were all head-injured before the world awakened to their special needs in the mid-1970s.

Nationally, doctors say the best of some 400 head injury programs are run by New Medico Associates, Inc., founded 2½ years ago, which now operates a private network of 20 facilities, none in Georgia. But costs range up to \$336 a day. Some Georgia psychologists hope to establish a rehabilitation farm modeled after Tangram Ranch in Texas, where the head-injured can relearn about life by performing simple farm duties such as milking cows and pitching hay.





# Community Re-Entry Services, Inc. A Center for Cognitive and Vocational Adjustment

Nancy D. Schmidt

A brain injured individual experiences a series of obstacles in the struggle to re-enter society. Immediately after injury, the individual is a passive recipient of emergency interventions and hospital based treatment aimed at saving life and stabilizing physical conditions. A sophisticated sequence of treatments in acute care and rehabilitative facilities follows, in which the major goal becomes the re-acquisition of "activities of daily living." Dressing and feeding, walking, talking, and acquiring an attention span of five minutes are necessary skills which need to be acquired before most individuals can return home.

Often, however, a head injured individual's return home marks not the end point, but rather, the beginning of a long process of adjustments to a lifestyle which in no way resembles the pre-injury way of life. Upon returning home most head injured individuals look again toward becoming socially active and productive in some form of employment or work activity. Unfortunately, residual cognitive deficits, including impairments in attention, concentration, memory, and perception often prohibit a successful adjustment to vocational, educational, social, or family settings.

Coming with the emotional reactions to these cognitive, social, and interpersonal changes is a difficult situation for the head injured individual and family members. In response to this situation, New MediCo Associates, Inc., developed Community Re-Entry Services, a program specialized in addressing the cognitive and vocational requirements of brain injured individuals during their post acute stages of recovery.

Community Re-Entry Services, Inc. (C.R.S.), of Lynn, Massachusetts, functions as an outpatient rehabilitation program in which several housing options are available in the community for individuals who live outside of commuting distance. C.R.S. provides a comprehensive and systematic approach toward the remediation of cognitive, social and vocational consequences of a brain injury. The goal of the program is to develop specific skills and facilitate abilities of the head injured individual such that returning to a productive life within the community is a realistic option. C.R.S. provides specific instruction in the following areas:

- 1. Cognitive remediation
- 2. Adaptive social and vocational behavior
- 3. Independent living skills

#### 4. Pre-vocational and vocational training

Cognitive functions are the focal point from which all general and specific skills are taught. In order to achieve these goals, C.R.S. is divided into two phases. PHASE I focuses on the re-acquisition of functional independent living skills. PHASE II focuses on vocational exploration, work evaluation, pre-vocational and vocational training. Each student progresses through both PHASE I and PHASE II at their own pace. Students are given a check list of skill requirements necessary for completion of PHASE I and PHASE II. Specific performance criteria must be met as students progress from PHASE I to PHASE II. Students continuously evaluate their own performance with feedback from the staff.



## PHASE I

Students admitted to C.R.S. are pre-selected from an intensive evaluation which takes at least two weeks. The program, which operationally functions much like a school, offers a variety of classes. Core classes are required for all students, and elective classes are optional selections by the student. Each student has a program advisor who acts as a coordinator for the student's program. In PHASE I, classes begin at 9:00 a.m. and end at 4:30 p.m. In addition to group classes, all students are engaged in individual tutoring for cognitive remediation work. Any area in which a student demonstrates special needs that cannot be adequately addressed in a class situation is addressed through individual tutoring. Students also have the opportunity to tutor their peers in a variety of areas, depending on their individual strengths. Giving the head injured individual an opportunity to be "the teacher" has proven invaluable in enhancing the ability to organize and execute information, to recognize feedback, and to develop compensatory strategies.

In addition to classwork, the student is given the opportunity to practice in the community what is being taught through the independent living skills class, a required class for students in PHASE I. In all class situations, the community becomes the training laboratory for what is taught within the classroom.

## PHASE II

With PHASE I laying the foundation, PHASE II begins when a student has reached the criterion for graduation into PHASE II. For most students this takes approximately 4-6 months. PHASE II begins for all students with a vocational exploration seminar lasting one full week. This seminar defines and discusses a variety of community based jobs. It also helps the student self define, through a variety of exercises, areas of vocational interest and aptitude. Each student concludes the seminar by selecting an "Internal" Work Evaluation station. Internal indicates that the work station is physically based within the program.

The purpose of the internal work evaluation is to assess the student's work related behavior, i.e., ability to report to work on time, follow instructions, demonstrate carry over from day-to-day, etc. Following a four-week period of satisfactory performance, the student is placed on an "External" Work Evaluation and Training Site. External refers to a work situation outside of the program and within



the community. This experience purposely reduces the structure offered within the C.R.S. program, and promotes adaptation to a new, less structured work environment. Work Sites are community based and provide a graduated transition from the Internal Work Evaluation to an actual competitive work environment. With both the Internal and External Work Evaluation Situations, the student returns to Community Re-Entry Services each day for a work adjustment group in which the day's work experience is shared with other peers. Additionally, each student in PHASE II is assigned a vocational specialist whose responsibilities include observing, and assisting the students' performance in both the Internal and External work situations. The

the relationship between the student and work environment.

Upon completion of PHASE II, and consequently, the entire program at Community Re Entry Services, a student should know the following information:

1. How to recognize and set up conditions necessary to work with maximal independence.
2. Whether employment in the competitive labor market is a realistic option, given the individual's employment profile.
3. Specific skills and abilities possessed which are marketable for employment in the competitive labor market.
4. Vocational alternatives outside of the competitive labor market appropriate to the individual's employment strategies.

Students completing PHASE II are assisted in residential and employment placement within the community in which they choose to live. It should be noted that direct entry into PHASE II is optional for individuals who are assessed as not requiring the intensive cognitive remediation work provided in PHASE I. For example, there are individuals in PHASE II who have already resumed employment but have great difficulty on the job due to problems in maintaining concentration and memory for new material. For this type of individual, cognitive remediation sessions are started on a full-time basis at C R S. The cognitive rehabilitation specialist works with the students at their jobs to help them become aware of what they might do to maximize their job performance. For those students who do not choose to continue with the program or who demonstrate an inability to move from PHASE I to PHASE II, assistance is provided for appropriate residential placement.

If one were to observe the daily course of events and activities at C R S, one would notice a high level of movement, intensity, and enthusiasm among staff and students throughout all classes. An observer might feel somewhat overwhelmed and confused by the variety of activities, but would be struck with the clarity demonstrated by each student regarding what they were doing, and why they were doing it. An observer would soon become aware that the intensity of each session, both classroom and tutorial, is driven by the desire of each student to better understand



himself, and to learn how to live in the outside world. A non-brain injured observer would likely feel humbled by the hard work students put into their program in order to achieve what comes naturally for those of us who are not brain injured. As one student so eloquently stated, "Feeling worthless, dependent, and non-productive is a high price to pay for being unable to concentrate, remember and understand."







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